

**AGING SERVICES GUIDE FOR
LEGISLATORS**

FOURTH EDITION, 1996

**NORTH CAROLINA STUDY COMMISSION
ON AGING**

1996



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PREFACE

The **Aging Services Guide for Legislators** was first published by the North Carolina Commission on Aging in 1990 and updated in 1992 and 1994. Initially, this information was presented to the Commission during the course of its meetings in 1989-90. Because there was no other single source of aging services and programs information, the Commission decided to compile and publish this collection to aid legislators in responding to the many requests from their constituents, local leaders, and others about available resources.

The **Guide** serves as an introduction of the State's aging programs and services primarily to legislators, but also to community leaders, program professionals, citizens, and older adults themselves. It is an introduction only and is not intended to be exhaustive or complete. There are many community programs funded through federal agencies, programs provided through private agencies and churches, and informal programs that are not included.

In addition to outlining programs and services, contacts who can supply further information and assistance are listed throughout the document, and the last section which is printed on yellow paper is a "Program Contacts Directory" which provides a quick telephone reference. Also included are a summary of trends and principal characteristics of older adult population, demographic data charts, a history of aging programs, an overview of North Carolina legislation affecting the elderly since 1977, and a glossary of aging terms.

At the direction of the Commission in 1996, this information has been updated and published for the 1997 General Assembly by its staff in cooperation with the various departments, agencies, and divisions.

The Commission extends sincere appreciation to the many individuals and agencies who provided information for the publication. We extend our sincerest appreciation to our dedicated staff, Sue Floyd and John Young of the Legislative Research Division, and Phyllis Porter and Kathy Davis, clerical assistants.

Betsy L. Cochrane

Debbie A. Clary.





NORTH CAROLINA'S OLDER ADULTS

POPULATION TRENDS

As we approach the next century, dramatic changes are expected in the demographic profile of North Carolina which will have direct impact on our health and human services systems. Between 1980 and 2010, the population of older adults will have doubled to over 1.1 million. Older adults now comprise the fastest growing segment of our population. Between 1980 and 1990, North Carolina experienced a growth rate of 33% for individuals 65 and over compared to a growth rate of 12.8% for the State as a whole. This ranked North Carolina 10th in the United States in the growth of the older adult population. By the beginning of the next century, older adults will constitute 15 per cent of the total population.

Even more striking is the rate of increase occurring in the population 85 and older. The rate of increase during this same period for our oldest citizens was 51.9% and growth rates are expected to increase to 59.6% through the 1990s. It is the 85 plus population that experiences the highest rates of physical and health impairments which result in needs for health, personal care, and other supportive services. They are the largest group using both group, home, and community-based care. This population of older adults is expected to increase from 70,000 in 1990 to over 150,000 by 2010.

A significant contribution to the growth of the older adult population comes from persons retiring to North Carolina. Estimates of up to 40,000 retirees relocated to North Carolina between 1985 and 1990. This ranks North Carolina fifth nationally in attracting out-of-state retirees. Mountain and coastal counties and the sandhills attract many, although urban areas also contribute, particularly from people who want to locate near major medical facilities. Older in-migrants are generally younger and financially better off than older native North Carolinians. The poverty rate for in-migrants is less than half the rate for other older North Carolinians.

POVERTY

Poverty is a striking characteristic of older North Carolinians. In 1990 almost one in five older North Carolinians (19.5%) had incomes less than the federal poverty level (individual - \$7,360; family of two - \$9,840). This compares to a national rate of 12.8%. Only five counties in North Carolina (Henderson, Dare, Carteret, Moore, and Catawba) have poverty rates less than the national average. This means many older adults in North Carolina who need health and supportive services lack financial resources needed to pay for their own care.

RURAL

The proportion of older adults in each of North Carolina's counties varies considerably across the State. While 12.1% of the State's population was 65+ in 1990, 66 of the State's 100 counties had higher proportions of older adults than the State's average. Counties with the largest overall populations tend to have smaller proportions of elderly which held down the State average. Mecklenburg, Guilford, Wake, Forsyth, Buncombe, Gaston, Durham, Rowan, Cumberland and Alamance Counties had the greatest number of older adults while Polk, Macon, Henderson, Clay, Cherokee, Alleghany, Transylvania, Perquimans, and Haywood had

the highest proportions. Rural counties tend to have the highest proportions of older adults and in 1990 overall, 50.7% of the State's 65+ population were living in rural areas. Rural is defined as living in a town or municipality with a population of less than 2,500 or an area outside a town or municipality.

RACE/GENDER

Race, gender, and advanced age have very distinct relationships. Older age groups have higher proportions of females and lower proportions of minorities. In 1990, for the 65+ age group, nearly 82% of the population was white and 62% was female. White women made up 49.7% of the population 65 and over and 60% of the population 85 and over. Both minority women and white women outnumber their male counterparts increasing by age. Minority women made up over 62% of the nonwhite population 65+ and 68% of those 85+.

LIVING ARRANGEMENTS

Unlike popular conceptions, most older adults live in independent living arrangements. In 1990 over 94% of the 65+ population lived independently, leaving just over 5% in group quarters (nursing homes, domiciliary care, or mental hospitals). For those living in households, 68% were living in families and approximately 30% lived alone. With respect to gender, women are much more likely to live alone due primarily to widowhood. Older adults who live in households are also more likely to own their own homes; 79% own and 21% rent.

The rapid aging of the citizens of the State will mandate attention to increasing needs for hospitals and health care, group care, housing, in-home and community-based services, transportation, recreation, and a wide range of supportive services and programming needed and used by older adults and their families. At the same time, there is a need to better coordinate and use existing resources to assure optimal responses to expected increases in demands.

A BRIEF HISTORY OF AGING PROGRAMS IN NORTH CAROLINA

Today over 1,000,000 persons 60 years old or older live in North Carolina. Every year each one faces all the normal human problems connected with his or her housing, health, income, transportation, gainful activity, food, recreation, and self-preservation. In American society, as in the rest of the western world, age is the principal basis for determining the social activities and opportunities of individuals. The country came to recognize during the great Depression of the 1930's that it had a sense of responsibility for the aged and the poor. As a result, in 1935 Congress passed the Social Security Act, which established social insurance for retired workers, and the Old Age Assistance Program, which provided public assistance for poor elderly people.

With this basic legislation enacted, the expectation came to be that older Americans would live out retirement supported by the "three-legged stool" of pensions, savings, and Social Security. By the 1960's, however, this theory belied the cruel reality. Inflation had eaten away hard-earned savings. Pension funds went bankrupt or workers left before they fulfilled the rigorous 20-year or 30-year "vesting" requirements. Social Security was fixed, and its meager income barely met the older person's minimal monthly expenses. Furthermore, our highly industrialized society meant mandatory retirement and discrimination against older workers in the job force. And to top it off, the astronomical rise in health costs was financially devastating for an elderly person with a long-term illness. Together with these economic changes came the gradual disintegration of the three-generation family-support network.

Despite their magnitude, the benefits of the New Deal, the Social Security Act, and the Old Age Assistance Program alone could not meet the diverse and growing needs of the burgeoning elderly population. The first legislative responses to these needs in the last half of this century were the passage in 1965 of Medicare, which provides health insurance for the aged, and Medicaid, which covers health costs of lower-income persons many of whom are elderly. The Age Discrimination in Employment Act, passed in 1967, now protects workers between their 40th and 65th birthdays from discrimination in job promotions and hiring.

In the early 1970's, the congressional lobby for the elderly made substantial strides toward a better life for older Americans. Congress voted to regulate all nursing homes that receive Medicare or Medicaid funds. In 1973, amendments to the 1965 Older Americans Act used large sums in building State and local social services and nutrition programs for the elderly. Later, Congress gave money under this act for special employment programs and "senior centers." In 1974, Congress passed the Supplemental Security Income program (SSI), which in effect guarantees federal minimum income for poor aged, blind, and disabled persons. Also in 1974, Congress enacted Title XX of the Social Security Act which allocates large amounts of federal funds for social services to potentially abused, dependent, and neglected persons, many of whom are elderly.

For the first time, in 1965 legislation created an administrative agency responsible for the affairs of the elderly. The Administration on Aging (AoA) of the Department of Health, Education, and Welfare was charged in the Older Americans Act of 1965 with a series of responsibilities toward the elderly that included virtually every aspect of aging. The initial appropriation of AoA was \$10 million; in 1974 it administered programs with a combined budget of approximately \$400

million. Since 1965, AoA has made funds available to states to assist local government agencies and nonprofit organizations in implementing such activities as coordination of service planning and delivery; advocacy; development of information, referral, and counseling services; establishment of research and demonstration project; and the training of personnel working in the aging field.

The 1973 amendments modified and expanded provisions of the Older Americans Act. For the first time, local-level planning through area agencies on aging became a part of the aging network. Since its creation, AoA has focused some of its programs on specific problems, such as nutrition. It has developed a broad strategy for implementing its more open-ended responsibilities for providing social services. However, AoA has mainly been an administrative vehicle for transferring federal funds to states and area agencies on aging, which in turn determine what needs and problems need attention.

Until just over a decade ago, the elderly segment of the population in North Carolina was ignored by the State political process since those over-65 amounted to less than 8 percent of the population. It was perceived by the State leaders that federal programs like Social Security already served our older population. But since 1977, the elderly have quietly and steadily gained influence at the ballot box which has been recognized by both the executive and legislative branches. They have become a political entity with which to be reckoned.

Several factors may account for the turnaround in the political fortune of the elderly. One, no doubt, is the realization of the implications of the demographic forecasts. Where once the elderly could be overlooked because of their small portion of the population, the seventies and eighties have brought about an increased aging of the population. By the end of the twentieth century, North Carolina's elderly will grow to about 15 percent of the population.

In 1977, Governor James B. Hunt, Jr., initiated an emphasis on programs and policies designed to benefit the older population. The Office of Aging within the Department of Human Resources was upgraded to division status and the head of this division was designated as an assistant secretary within the Department of Human Resources. Also, the General Assembly approved executive recommendations for increased budget and staff for this new division.

In the same time period, the General Assembly began to recognize the older adult. In the House of Representatives, House Speaker Carl J. Stewart appointed the first standing House Committee on Aging and named State Representative Ernest B. Messer chairman. "We are plowing new ground in the field that has been hardly touched," declared Messer shortly after his appointment.

The General Assembly also studied the problems of aging on an annual basis through the Legislative Research Commission process beginning in 1978. Only those issues which the General Assembly deems to be of utmost importance are given study commission status more than once.

The 1987 legislative session proved to be another watershed year for actions affecting aging policy issues. First, on June 4, 1987, the General Assembly passed "An Act to Establish an Aging Policy Plan for North Carolina." This act required the Secretary of the Department of Human Resources to prepare for the General Assembly by December 31, 1987, a statewide aging policy plan. In the same 1987 Session, the General Assembly established the North

Carolina Study Commission on Aging with a \$100,000 budget. Many studies are established through resolution, but the North Carolina Study Commission on Aging was established by statute. Therefore, this Commission is designed to continue, not to expire after two years. The General Assembly's purpose for this rather unusual action is to offer a new and substantial forum for North Carolinians concerned about older adults.



NORTH CAROLINA SYSTEM OF COMMUNITY COLLEGES

The North Carolina Community College System serves the aging population by providing direct educational services in the form of courses and programs appropriate to the needs and interests of this clientele and by providing allied health and human services programs for workers who serve older adults. Inasmuch as the system delivers its services in a decentralized structure through its 58 institutions, agency contacts include those at the State level as well as those at the local level.

State Level

Peggy Graham
Associate Director Continuing Education
(919) 733-7051, Ext. 432

Dr. James B. Dixon
Vice President for Academic and Student Services
(919) 733-7051, Ext. 413

Local Colleges

Aging Education Coordinator
Allied Health Director
(Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Anson Community College
Dr. Donald P. Altieri
(704) 272-7635

**Asheville-Buncombe Technical
Community College**
Kenneth Ray Bailey
(704) 254-1921

Beaufort County Community College
Dr. U. Ronald Champion
(919) 946-6194

Bladen Community College
Lynn G. King
(910) 862-2164

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

Brunswick Community College
Dr. W. Michael Reaves
(910) 754-6900

**Caldwell Community College and
Technical Institute**
Dr. Kenneth A. Boham
(704) 726-2200

Cape Fear Community College
Dr. Eric B. McKeithan
(910) 251-5100

Carteret Community College
Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College

Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College

Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College

Dr. Paul Anthony Zeiss
(704) 342-6566

Cleveland Community College

Dr. L. Steve Thornburg
(704) 484-4000

Coastal Carolina Community College

Dr. Ronald K. Lingle
(910) 455-1221

College of The Albemarle

Dr. Larry Donnithorne
(919) 335-0821

Craven Community College

Dr. Lewis S. Redd
(919) 638-4131

Davidson County Community College

Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College

Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College

Dr. Hartwell H. Fuller, Jr., Interim
(919) 823-5166

Fayetteville Technical Community College

Dr. Craig Allen
(910) 678-8400

Forsyth Technical Community College

Dr. Desna Wallin
(919) 723-0371

Gaston College

Dr. Patricia A. Skinner
(704) 922-6200

Guilford Technical Community College

Dr. Donald W. Cameron
(910) 334-4822

Halifax Community College

Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College

Mr. Wayne Hawkins, Interim
(704) 627-2821

Isothermal Community College

Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College

Dr. Donald L. Reichard
(910) 296-1341

Johnston Community College

Dr. John Tart
(919) 934-3051

Lenoir Community College

Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College

Dr. Martin Nadelman
(919) 792-1521

Mayland Community College

Dr. Nathan L. Hodges
(704) 765-7351

McDowell Technical Community College

Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College

Dr. Douglas Eason
(704) 878-3200

Montgomery Community College

Dr. Theodore H. Gasper, Jr.
(910) 576-6222

Nash Community College

Dr. J. Reid Parrott, Jr.
(919) 443-4011

**North Carolina Center for Applied
Textile Technology (Belmont)**
Dr. James Lemons
(704) 825-3737

Pamlico Community College
Dr. E. Douglas Kearney, Jr.
(919) 249-1851

Piedmont Community College
Dr. H. James Owen
(910) 599-1181

Pitt Community College
Dr. Charles E. Russell
(919) 355-4200

Randolph Community College
Dr. Larry K. Linker
(910) 629-1471

Richmond Community College
Joseph W. Grimsley
(910) 582-7000

Roanoke-Chowan Community College
Dr. Harold E. Mitchell
(919) 332-5921

Robeson Community College
Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College
Dr. Robert Keyes
(910) 342-4261

Rowan-Cabarrus Community College
Dr. Richard L. Brown
(704) 637-0760

Sampson Community College
Dr. Clifton W. Paderick
(910) 592-8081

Sandhills Community College
Dr. John R. Dempsey
(910) 692-6185

Southeastern Community College
Dr. Stephen C. Scott
(910) 642-7141

Southwestern Community College
Dr. Barry Russell
(704) 586-4091

Stanly Community College
Dr. Michael Taylor,
(704) 982-0121

Surry Community College
Dr. James M. Reeves
(910) 386-8121

Tri-County Community College
Dr. Norman Oglesby, Acting Pres.
(704) 837-6810

Vance-Granville Community College
Dr. Ben F. Currin
(919) 492-2061

Wake Technical Community College
Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College
Dr. G. Herman Porter
(919) 735-5151

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilkes Community College
Dr. Gordan Burns, Interim Pres.
(910) 667-7136

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195



DEPARTMENT OF COMMERCE

DIVISION OF EMPLOYMENT AND TRAINING

JOB TRAINING AND PARTNERSHIP ACT

The Job Training Partnership Act (JTPA) is a federally-funded job training program for persons who are economically disadvantaged, persons facing serious barriers to employment and those individuals who have been displaced by plant layoffs and closures.

There are a number of different programs through which services are provided: Services for Adults, ages 22 and over (Title II-A); Services for Youth, ages 14-21, although local service areas may choose not to serve 14-15 year olds, (Title II-C); Services to Older Individuals, ages 55 and older (Title II-A 5%); State Education Coordination and Grants, administered through the North Carolina System of Community Colleges and Department of Public Instruction (Titles II-A/C 8%); Summer Youth Employment and training Program, ages 14-21 (Title II-B); and Employment and Training Assistance for Dislocated Workers (Title III).

The Older Workers program is available to individuals 55 and over who meet specific criteria (primarily income criteria). Older workers are eligible for the same services that are available in the adult program. These services are:

- Basic skills training;
- Occupational skills training;
- Supportive services.

Older individuals may receive only job search/job club services if additional services are not desired. In cases where the service delivery area and the Title V (Older Americans Act) grantee establish a written agreement, joint programs may be carried out. Title V individuals in this situation are considered JTPA eligible. The State of North Carolina requested and was granted a waiver to disregard 50% of social security income for older individuals when determining eligibility for JTPA.

R. Scott Ralls, Director
Division of Employment and Training
(919) 733-6383
FAX: (919) 733-6923



DEPARTMENT OF CULTURAL RESOURCES

DIVISION OF STATE LIBRARY

THE NORTH CAROLINA LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED

The North Carolina Library for the Blind and Physically Handicapped (NCLBPH) provides library service for citizens who, due to a visual or physical disability, are unable to read or hold the printed books in their public library. NCLBPH serves citizens of all ages; however, the majority of those served are age 60 or older, most having lost their sight due to aging-related conditions.

NCLBPH operates under the guidelines of the National Library Service for the Blind and Physically Handicapped, Library of Congress, which provides core collections of books and magazines on cassette tape, recorded disc, and in braille, as well as special playback equipment for loan to eligible North Carolina citizens. A large print book collection purchased through State and federal funds, books and magazines of local interest recorded on tape and brailled by NCLBPH volunteers, and a described video collection purchased by the NCLBPH Friends group are also maintained and circulated by the library.

NCLBPH circulates this collection to eligible citizens with disabilities who have completed and certified applications on file with the library. All materials are mailed to and from NCLBPH via Free Matter for the Blind postal service. Two toll-free phone lines allow citizens throughout the State free telephone access to the library.

In addition to the direct service provided to individual citizens, deposit collections of NCLBPH materials are provided and rotated quarterly for over 340 institutions such as nursing homes, hospitals, public schools, and public libraries. A patron handbook and quarterly newsletter are provided in alternative formats to all patrons.

NCLBPH staff provide reader advisory service to registered citizens and provide reference and referral service to any North Carolina citizen requesting disability and aging-related information and services.

Francine Martin, Patron Services Librarian
North Carolina Library for the Blind and Physically Handicapped
1811 Capital Boulevard
Raleigh, NC 27635

local: (919) 733-4376
toll-free: 1-800-662-7726



ELDERHOSTEL

ELDERHOSTEL is an educational program for older adults who want to continue expanding their horizons and developing new interests and enthusiasms. ELDERHOSTEL is an independent, non-profit organization offering short-term academic experiences for people over 55. What started on a shoestring at the University of New Hampshire in 1975 has blossomed into a worldwide network of dynamic programs for adult learners. Nearly a quarter million people study and travel with ELDERHOSTEL at more than 2,000 colleges, universities, museums, national parks, environmental education centers, conference centers and other educational and cultural institutions throughout the U.S. and Canada, and in 49 countries.

During a program, participants study college level courses designed especially for ELDERHOSTEL. The programs are challenging and thought-provoking, but do not require any prior knowledge or formal training. In addition to daily classes, with no tests or homework, many programs offer course-related field trips. The average tuition in the U.S. is \$340 for a one-week program. This fee includes lodging, meals, classes, and course-related field trips and activities. Scholarships are available for those who need financial assistance.

Most ELDERHOSTEL programs last five or six nights and begin on Sunday. Accommodations are in comfortable, modest facilities and dining is usually on site. Participants share their experiences with 20-40 classmates from a variety of backgrounds who are interested in learning but are exciting, interesting people themselves.

For people who have an adventuresome spirit, ELDERHOSTEL is the perfect partner for lifelong learning. Participants come with diverse backgrounds and interests from all educational levels, professions, economic levels, and affiliations. What all participants share is an enthusiasm for life, learning, and a desire to develop new interests and friends. At an ELDERHOSTEL program, learning is only half the fun.

ELDERHOSTEL is directed in each state by an individual who is affiliated with one of the participating institutions. The North Carolina office is located at The Friday Center for Continuing Education in Chapel Hill. The national office is located in Boston, Massachusetts.

Nancy E. Semones
Director, North Carolina Elderhostel
(919) 962-1125



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES

DIVISION OF HEALTH PROMOTION

The Division of Health Promotion has six functional units to carry out its programs and services: Division Office, Disease Prevention Section, Health Care Section, Chronic Disease Section, Clinical Support, and Resource Development and Epidemiology Offices.

DIVISION OFFICE

The Division Office directs and coordinates the activities and administration of its sections and offices, is responsible for public health policy regarding adults, and coordinates interagency and public relations.

Guidance, consultation, and coordination regarding public health services and policies for older adults is provided. This assistance is primarily directed toward public health and State government agencies.

Dr. J. Dale Simmons, Division Director
Leslie Brown, Assistant Division Director
(919) 733-7081

HEALTH CARE SECTION

The mission of the Health Care Section is to promote awareness of and access to health promotion, disease prevention and health care services through financial and technical assistance and improved communications.

Stephen G. Sherman, Section Chief
(919) 715-3111

LOCAL SUPPORT BRANCH

The Local Support Branch establishes and maintains cooperative relations with local health departments and other health services providers in order to improve the health status, quality of life, and productivity of adult North Carolinians by preventing disease, disabilities, and injury. The Branch serves as the primary liaison with Local Health Departments for all Division of Health Promotion Program areas -- including Adult Health, Arthritis, Health Promotion, Hypertension, and Renal Disease Prevention.

Beth P. Joyner, Head
Local Support Branch
(919) 715-3339

Adult Health Program - Purpose is to reduce premature death and disability from cardiovascular disease, cancer, diabetes, and hypertension, and to reduce disability from glaucoma through prevention, early detection, and limitation of complications.

Beth P. Joyner, Program Coordinator
(919) 715-3339

Arthritis Program - Purpose is to limit disability and long-term suffering from arthritis. Clinical services may include: health history and risk assessment, screening, patient education, referral to medical care for evaluation, treatment, and follow-up. Services also include nutrition counseling for weight management and self-care skills.

Beth P. Joyner, Program Coordinator
(919) 715-3339

Epilepsy and Neurological Disorder Program - Purposes are to help persons with these conditions obtain access to medical care to provide funds to purchase anticonvulsant medications for persons with epilepsy who are indigent or have befallen temporary misfortune depleting their resources, and to provide public and professional education. The Program also supports the Epilepsy Information Services operated by Bowman Gray School of Medicine.

John C. Griswold, Epilepsy Program Manager
(919) 715-3113

Home Health Services Program - Purpose is to assure the availability of home health services throughout the State and to provide access for individuals who are in need of services and unable to pay for them. The Program contracts with certified home health agencies to deliver these services.

John C. Griswold, Program Manager
(919) 715-3113

Hypertension Program - Purpose is to reduce premature death and disability from hypertension through effective management and control strategies, tracking and referral, community and patient education, and planned interventions that support positive behavior changes.

Beth P. Joyner, Program Coordinator
(919) 715-3339

Kidney Program - Purpose is to assist low-income persons with end stage renal disease to access necessary dialysis and pharmaceutical services, as well as supporting limited training and transportation.

John C. Griswold, Kidney and Human Tissue Donation Programs
(919) 715-3113

Renal Disease Prevention Activity - Purpose is to reduce uncontrolled hypertension and diabetes which are predisposing factors for renal disease. The focus of this activity is on interventions for nutritional risk factors for persons with diabetes and hypertension.

Beth P. Joyner, Program Coordinator
(919) 715-3339

Statewide Health Promotion Program - Purpose is to reduce the known, prevalent, preventable/modifiable risk factors for North Carolina's leading causes of death: cardiovascular disease, cancer, stroke, and injuries. Each local health promotion program is planned and implemented based on community needs. Local programs may focus on nutrition, cholesterol, weight management, physical fitness, tobacco use cessation, hypertension, and others.

Beth P. Joyner, Program Coordinator
(919) 715-3339

DISEASE PREVENTION SECTION

The Disease Prevention Section's objective is to work with community leaders, lay persons, local health departments, and other organizations to create and maintain healthy lifestyles and environments. Together, we develop and implement public health policies and create innovative preventive health services that are available and accessible to all North Carolinians. We strive to communicate scientific facts in an understandable way so that individuals and communities can make informed decisions about matters that have an impact on health.

Brenda M. Motsinger, Chief
Disease Prevention Section
(919) 715-0415

Community Health & Education Branch - The Healthy Carolinians program helps to develop community-based coalitions who assess the health needs of their community. Special groups such as senior citizens who may be suffering from chronic disease/diabetes are targeted. The areas most often addressed are fitness, nutrition, immunization, diabetes, and cardiovascular disease. The coalition develops objectives/strategies that will improve the health of the community.

Mary Bobbitt-Cooke, Assistant Section Chief and Branch Head
(919) 715-0416

Governor's Council on Physical Fitness - The North Carolina Older Adult Physical Fitness and Health Committee of the Governor's Council on Physical Fitness and Health promotes health and fitness for seniors. The committee coordinates with other professional groups to sponsor health promotion education and training programs targeted to staff working with older adults. Annually, the Governor's Awards for Health and Fitness for Mature Adults recognizes outstanding older adult fitness programs and contribution.

Shellie Pfohl, Executive Director
(919) 715-3829

North Carolina Heart Disease and Stroke Prevention Task Force - The Task Force will develop a plan by October 1, 1997, to prevent heart disease and stroke in the State for all its population.

Nutrition Branch - Provides nutrition intervention and nutrition education for all the adult population.

Arnette Cowan, Branch Head
(919) 715-3352

CHRONIC DISEASE SECTION

The purpose of the Chronic Disease Section is to develop the availability of effective chronic disease prevention and control. This Section is charged with the responsibility to develop North Carolina's public health capacity to provide effective and efficient chronic disease prevention and control services through appropriate screening, follow-up, public education, professional education, quality assurance, surveillance, and evaluation.

Peter M. Andersen, Section Chief
(919) 715-3102

Breast and Cervical Cancer Control Branch - The Breast and Cervical Cancer Control Branch supports cancer control efforts through the funding of local health departments and other community health agencies to provide screening and follow-up services to the target population; through support and training of public health nurses in physical assessment skills; through programs of public education and outreach; through support of quality assurance training and improvement for mammography providers; through the support of a statewide coalition that advocates for public health efforts in breast and cervical cancer control improvements.

Joseph Holliday, M.D., MPH, Branch Head
(919) 715-0125

Cancer Control Program - The Cancer Control Program provides payments to health care professionals and organizations for cancer diagnostic and treatment services which are provided to State residents who meet financial and medical qualifications. The program also develops cancer control plans and implements programs that are designed to reduce the burden of cancer in the State. Prevention and early detection programs complement the diagnosis and treatment component. Collaboration with other organizations that are involved in cancer control is important to coordinate efforts and achieve the optimal effect of strategies and activities selected.

Phyllis Rochester, Program Manager
(919) 715-3369

Diabetes Control Program - The Diabetes Control Program supports the collection, analysis, and dissemination of information relating to the burden of diabetes. This information is used to develop approaches that assure that state-of-the-art methods of diabetes education and medical care are available and used in the health care systems and within community organizations that directly serve persons with diabetes. Specific efforts are maintained to assure collaboration, coordination, and advocacy for improvements in diabetes control, both at State and local levels.

Marilyn Norman, Program Coordinator
(919) 715-3356

Older Adult Health Program - The Older Adult Health Program collects and analyzes information from a variety of sources that aid in defining the important needs in health promotion for older adults. The program uses this information, along with proven adult health promotion methods, to promote interventions that result in improved health of the target population, or in reduced risk of health problems experienced by older adults. Encouraging networking and collaboration among the myriad of organizations that provide health and social services to the older population enhances efficiency and consistency in the delivery of health promotion services within communities.

Betty Wiser, Program Manager
(919) 715-0122

Pharmacy Consultation - Pharmacy consultation services address issues statewide relating to pharmacy practice, health care, health promotion and public health policy.

Charles Reed, Pharmacist Consultant
(919) 715-3338

DIVISION OF PARKS AND RECREATION

The Division of Parks and Recreation administers the statewide system of parks and recreation resources which includes parks, natural areas, recreation areas, trails, lakes, and natural and scenic rivers. The Division is also responsible for the Land and Water Conservation Fund Program, a federal matching-fund program which supports outdoor recreation, conservation, and statewide recreation planning. The Parks and Recreation Trust Fund, which offers matching grants to local parks and recreation departments, is also administered by the Division. Recreation consulting services are provided through a cooperative agreement with NCSU.

The Division provides, where possible, access to all its facilities and areas for the older population of North Carolina. Degree of accessibility varies depending on natural characteristics of the parks and funding for retro-fitting. A senior discount program reduces fees for persons 62 years of age or older.

Individual Parks or Central Office
Phillip McKnelly, Director
(919) 715-8710

The **Recreation Resources Service (RRS)** located at NCSU provides technical assistance to recreation agencies that provide services to the aging. Information on programming for the aging is available, along with the publication *Access North Carolina. A Vacation and travel Guide for Persons with Disabilities*. RRS also provides technical assistance, continuing education, consulting services, and applied research pertaining to all facets of parks and recreation in North Carolina

NCSU
Candace Goode Director of Recreation Resources Service
(919) 515-3242

NORTH CAROLINA HOUSING FINANCE AGENCY

The North Carolina Housing Finance Agency is a self-supporting agency created by the General Assembly to increase the supply of affordable housing for low to moderate-income North Carolinians. In addition to the Mortgage Revenue Bond Program and the Low-Income Tax Credit Program, it administers the federal HOME Program and the North Carolina Housing Trust Fund. The Agency has provided capital and technical assistance to improve housing in all 100 North Carolina counties. Since its creation in 1973, it has financed nearly 85,000 homes and apartments.

Many of the programs administered by the Agency benefit elderly households. The following programs are most frequently used for elderly households.

RENTAL HOUSING PRODUCTION

Rental Production Program - This program provides permanent financing for new construction or rehabilitation of rental housing for households below 60% of median income. The maximum loan amount is \$1 million. The program is administered by the North Carolina Housing Finance Agency and funded by the North Carolina Housing Trust Fund and federal HOME funds.

Low Income Housing Tax Credit - The program provides 10-year federal tax credits to owners of rental housing that serves low-income households. Tax credits are awarded to nonprofit and for-profit developers through a competitive funding cycle. The program is overseen by the North Carolina Federal Tax Reform Allocation Committee and administered by the Agency. In Fiscal Year 1996, through the Rental Production and the Low Income Housing Tax Credit Programs, the Agency provided financing for fourteen elderly housing projects, which will add 684 new units to the supply of affordable housing for older citizens.

Housing LINC Loan Fund - This program provides loan funds to pay predevelopment costs for assisted living projects for the elderly. Eligible applicants are nonprofit and for-profit developers. The program is funded by the Kate B. Reynolds Foundation. The Agency administers this program under an agreement with the North Carolina Division of Aging.

HOUSING REHABILITATION

Single Family Rehabilitation Program - This program provides grants up to \$400,000 to local governments, regional agencies, and nonprofit organizations to rehabilitate single-family owner-occupied homes. Assistance is targeted to home owners below 80% of median income. This program is funded by federal HOME funds and state HOME match funds. In fiscal year 1996, the SFR program awarded funds to local organizations to rehabilitate 250 housing units. An estimated 68% of these units, or 170 homes, will be owned by an elderly home owner.

Urgent Repair Program - This program provides grants to local governments, regional agencies and nonprofit organizations to correct housing conditions that pose a threat to health or safety. The program is funded by the North Carolina Housing Trust Fund. Since its creation in 1994, the Urgent Repair Program has provided home repair assistance to over 350 senior households.

COUNSELING, CONSUMER INFORMATION, AND TECHNICAL ASSISTANCE

Home Equity Conversion Mortgage Program - This program gives older home owners a vehicle for converting equity in their homes to cash by providing reverse mortgages insured by the Federal Home Administration (FHA). Borrowers must be at least 62 years old and must participate in a mortgage counseling program offered by an approved reverse mortgage counselor. The North Carolina Housing Finance Agency is responsible for the certification of home equity conversion mortgage (reverse mortgage) counselors statewide. The Agency has worked in cooperation with the North Carolina Division of Aging, Fannie Mae, and the U.S. Department of Housing and Urban Development (HUD) to develop an extensive training and certification program for counselors. The Agency will receive a grant from the Fannie Mae Foundation to establish the Consumer Education Resource Fund, which will provide operating support to nonprofit reverse mortgage counseling organization.

The North Carolina Elderly Housing Rights and Consumer Protection Program - This program provides information for consumers on housing rights and consumer protection issues. Agency staff develop materials and train advocates and service providers. Since its creation in January 1994, the program has produced a series of ten brochures for consumers, a reasonable accommodations guide for housing providers, five audio public service announcements, and two video public service announcements. More than 250,000 consumer information brochures, 5,000 newsletters, and 2,000 reasonable accommodation guides have been distributed to the public.

Training and Technical Assistance - Agency staff provide ongoing technical assistance and training on issues which affect senior households. The Agency conducts quarterly training for service coordinators and monthly training for developers and property managers to promote service-enriched housing. Staff are currently working with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to develop a demonstration tenant assistance program to prevent substance abuse. The demonstration sites will include a senior housing project.

A. Robert Kucab, Executive Director
North Carolina Housing Finance Agency
(919) 781-6115

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF AGING

The Division of Aging is the State agency responsible for planning, administering, coordinating, and evaluating the activities, programs, and services developed under the Older Americans Act and related programs for the older adult population. As the State's agency on aging, the Division of Aging has the responsibility to: develop, administer, and monitor the activities of the State Plan on Aging required by the federal Administration on Aging and of the State Aging Services Plan required by the State; be primarily responsible for the coordination of all statewide activities related to the purposes of the Older Americans Act; divide the entire State into district planning and service areas; review and approve the area plans developed by North Carolina's Area Agencies on Aging (AAAs); monitor, assess, and evaluate the implementation of each area plan, including progress toward the achievement of the objectives set forth in each new plan; and carry out all other appropriate functions and responsibilities as prescribed under the Older Americans Act, federal regulations, the State plans on aging, and North Carolina laws, rules, and regulations.

State aging mandates established by the Older Americans Act and by State law in 1977 for the Division of Aging include the following:

- To maintain a continuing review of existing programs and unmet needs for the aging in North Carolina and to periodically make recommendations to the Secretary of the Department of Human Resources, to the Governor and to the General Assembly, as appropriate, for improvements in and additions to North Carolina's programs for the aging.
- To study, collect, maintain, publish and disseminate factual data and pertinent information relative to all aspects of aging. These include the social, economic, educational, recreational and health needs and opportunities of the aging.
- To stimulate, inform, educate, and assist local organizations (public and private), the community at large, and older people themselves about needs, resources, and opportunities for the aging and about the role they can play in improving conditions for the aging.
- To serve as the agency through which various public and private organizations concerned with the aged can exchange information, coordinate programs, and be encouraged and assisted to engage in joint endeavors.
- To provide advice, information and technical assistance to State government departments and agencies, to nongovernmental organizations, and to local organizations which may be considering the inauguration of services, programs, or facilities for the aging, or which can be stimulated to take such action.
- To coordinate governmental programs with private agency programs on aging in order that such efforts can be made more effective and to reduce unnecessary duplication and wasted effort.

- To promote employment opportunities, as well as proper and adequate recreational use of leisure for older people, including opportunities for uncompensated but satisfying volunteer work.
- To identify research needs, encourage research, and assist in obtaining funds for research and demonstration projects.
- To establish, or help to establish, demonstration programs or services to the aging.
- To assist in the development and operation of programs aimed at addressing the unmet needs of older persons.
- To promote the development of adequate training resources for professional and non-professional personnel in the field of aging.
- To plan and administer all appropriate Titles of the Older Americans Act, in conformance with federal and State regulations.
- To administer special State or other funds for the aging assigned to it by the State.

Additional legislation ratified in 1989 required, as stated earlier, the development of a State Aging Services Plan (Chapter 52 of 1989 Session Laws, House Bill 69). The first plan was submitted in March of 1991 and subsequent plans are submitted every four years.

Aging Network System

In North Carolina there are 18 Area Agencies on Aging (AAA) which cover all 100 counties. They are housed in Councils of Governments or multicounty planning and development commissions. The Older Americans Act specifies that the AAAs are to carry out a wide range of functions including advocacy, planning, evaluation, and monitoring of service provision. Further, the Older Americans Act stresses that the aging network should ensure the development of comprehensive, community-based service systems in each county to assist older adults in leading independent, meaningful lives within their own homes and communities as long as possible. The term "aging network" refers to the tiered service system for implementing the Older Americans Act, and other funding sources administered by the Division of Aging, the 18 regional AAAs, and the local offices/councils on aging and other service providers.

Prior to 1992, the Division of Aging awarded grants to the eighteen AAAs for service programs. The AAAs, in turn, contracted for services with the counties based on a competitive bidding environment. The AAAs have the responsibility for planning for services in each county in their respective regions and specifically to identify service priorities for funding. AAAs were charged with developing comprehensive and coordinated community-based service systems for older adults. AAAs contracted with an array of service provider organizations in each county. Service providers included public agencies, private non-profit organizations, and private-for-profit organizations.

Beginning in July 1992 the manner in which the Division of Aging and the AAAs fund county programs changed. This was due to the home and community care block grant legislation ratified by the General Assembly in the 1991 session as Chapter 241 of the 1991 Session Laws, Senate Bill 165. The purpose of this legislation was to improve the planning, management, and coordination of in-home and community-based services provided in North Carolina.

To implement the requirements of Chapter 241, the county commissioners of each county designate a lead agency to develop a funding plan. This lead agency may be an AAA, a department or council on aging, a social services department, other public agency, or other private non-profit agency. The individual counties have the flexibility to decide which agency is best suited to be the county's lead agency for development of the block grant funding plan. The advisory committee is to have broad representation in order to assure a fair and open process in deciding how the funds will be allocated.

The county aging funding plan identifies services to be provided, the funding levels for the services, unit costs, and the agencies designated by the county commissioners to provide or purchase services on behalf of the county. The proposed plan is reviewed and approved by the county commissioners. As a part of the proposed review of the plan by the county commissioners, a public hearing is held. After the plan is approved by the county commissioners, it is sent to the AAA for funding and then to the State Division of Aging so that the county, area, and State plans can be coordinated. Area Agencies on Aging enter into grant agreements with counties based on the approved funding plan.

Services

An array of services can be funded by monies administered by the Division of Aging. Services available vary from one county to another. The following are services that may be funded:

Adult Day Care - Provides an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using community resources.

Adult Day Health Care - Provides an organized program of services during the day in a community group setting for the purpose of supporting older adults' personal independence, and promoting social, physical, and emotional well-being. Services must include health care services and a variety of program activities designed to meet the individual needs and interests of the participants and referral to and assistance in using appropriate community resources.

Care Management - Provides professional assistance for older adults with complex care needs and/or their families in accessing, arranging, and coordinating the package of services needed to enable the older adults to remain at home.

Congregate Nutrition - Provides meals which meet one-third of the recommended daily dietary allowance in a group setting. The purpose of this service is to promote the health and well being of older people through the provision of a nutritious meal and to provide opportunities for health, education, social, recreational, and other community services.

Group Respite Care - Provides an organized program of activities for an impaired older adult in a group setting to provide relief to a primary caregiver.

Health Promotion and Disease Prevention - This includes health risk assessment and health screening, nutrition counseling and educational services, exercise and physical fitness programs, injury control services, mental health services, drug education and management programs, and other programs designated to enhance the health and wellness of older persons.

Health Screening - General medical testing, screening, and referral for the purpose of promoting the early detection and prevention of health problems in older adults.

Home Delivered Meals - The provision of a meal that provides one-third of the recommended daily dietary allowance to home-bound older adults. The objective is to help maintain or improve the health of an impaired older person by providing nutritionally-balanced meals served in their homes to enable the home-bound older person to remain in his/her home as long as possible.

Home Health - Skilled health care prescribed by a physician which is provided in the home of an older adult in need of medical care. Allowable services include: skilled nursing; physical, occupational, and/or speech therapy; medical social services; and nutrition care.

Housing and Home Improvement - A service which assists older adults with obtaining or retaining adequate housing and basic furnishings. Types of assistance provided may include: providing information regarding housing/housing with service options available; methods of financing alternative housing/housing with services options; helping to improve landlord-tenant relations; identifying substandard housing; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions which create a risk to the personal health and safety of older adults.

Information and Case Assistance - A service which assists older adults, their families, and others acting on behalf of older adults in their efforts to acquire information about programs and services and to assist older persons with obtaining appropriate services to meet their needs.

In-Home Aide - The provision of paraprofessional services which assist functionally impaired older adults and/or their families with essential home management, personal care and/or supervision necessary to enable the older adult to remain at home as long as possible. Respite care for caregivers is an allowable in-home aide service.

Institutional Respite Care - The temporary placement of an older adult who requires constant care and or supervision out of his/her home to provide their unpaid, primary caregiver relief from caregiving responsibilities.

Mental Health Counseling - A service which incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems.

Senior Companion - A part-time stipend volunteer opportunity for low-income persons 60 years of age or older who are interested in community service. Senior companions provide support, task assistance and/or companionship to adults with exceptional needs (i.e., developmental disabilities, functional impairments, or persons who have other special needs for companionship).

Senior Center Operations - Funding for this service supports the operation of a multipurpose senior center which is a community facility designed for the organization and provision of a broad spectrum of services and activities for older adults and their caregivers including health, social, nutritional, recreational, and educational.

Transportation - A service which provides travel to and/or from community resources such as medical appointments and nutrition sites or other designated areas for older adults needing access to services and activities necessary for daily living.

Volunteer Program Development - The development and operation of a systematic program for volunteer participation. The service is intended to involve volunteers of all ages in providing services to older adults while also providing community service opportunities for older adults.

Long-Term Care Ombudsman Program - This program, through an advocacy network of the State long-term care ombudsman, regional ombudsman, and local nursing/domiciliary home community advisory committees, protects and improves the quality of care and life for residents of long-term care facilities. The Ombudsman Program accomplishes its goal by following the mandates set out in the Older Americans Act and North Carolina General Statutes 143B-181.15 through 181.25. The Long Term Care Ombudsman Program is mandated to investigate and resolve complaints made by or on behalf of residents in long-term care facilities, provide training and technical assistance to regional ombudsmen and community advisory committees, work with long-term care providers to resolve issues of common concern, promote community

involvement, collect and analyze data about the numbers and types of complaints received as well as make recommendations for resolution of long-term care issues presented, and provide information to public agencies, legislators, and the general public.

Special Programs and Initiatives

The Division of Aging administers or provides the leadership for numerous special programs or initiatives.

Title V Senior Community Service Employment Program Grant - This program provides part-time employment opportunities for low-income persons aged 55 and over. The Division contracts with seven Area Agencies on Aging to be subsponsors for the Title V Programs.

North Carolina Senior Games Program - The Division continues to be one of the major coordinating agencies for this program. This year-round health promotion and education program for adults aged 55 and over reached over 36,000 older adults in FY 95-96. Fifty local/regional games were held throughout the State where participants chose from more than 40 sports and events. The Division also takes an on-going active role in promoting two additional programs sponsored by N.C. Senior Games: SilverArts and SilverStriders. SilverArts focuses on older adult participation in visual, literary, performing, and heritage arts. SilverStriders is a statewide walking program for persons aged 50 and over.

Alzheimer's Disease - The Division of Aging takes an active role in advocating for programs and services for Alzheimer's Disease victims and their families. Staff responds to numerous inquiries from the public relative to resources and services available to support Alzheimer's victims and their caregivers and takes a leadership role in promoting efforts to develop and strengthen family support activities. The Division of Aging currently administers a grant from the United States Department of Health and Human Services to implement an Alzheimer's Disease demonstration program. The program models how public and private agencies can work together to deliver respite care service to Alzheimer's patients and their caregivers. The Division also contracts with the Duke University Medical Center Family Support Program to be a statewide central resource facility which provides assistance to the four Alzheimer's Association Chapters in the State and to professional and family caregivers of persons suffering from dementia. The Duke program provides information and referral, education and training, and consultation services. Telephone inquirers are mailed appropriate resource materials and referred to Alzheimer's Association chapters or treatment and research facilities in the State. There is also a newsletter, "The Caregiver," which is produced three times per year that provides information to caregivers of Alzheimer's victims. The Division currently administers a State appropriation to the Alzheimer's Association chapters which supports their service to families.

Division of Aging
Marian Sigmon
(919) 733-3983

Duke Family Support Program

Lisa Gwyther or Edna Ballard

1-800-672-4213 or (919) 660-7510

Eastern NC Alzheimer's Association Chapter - Raleigh (Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Robeson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)

Alice Watkins, Director

1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte (Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanly, Union Counties)

Victoria Lessa, Director

(704) 532-7390 or 1-800-888-6671

Triad Alzheimer's Chapter - Winston-Salem (Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)

John Madigan, Director

1-800-228-9794 or (910) 722-0811

Western NC Alzheimer's Chapter - Asheville (Alexander Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)

David Sharrits, Director

1-800-522-2451 or (704) 254-7363

Intergenerational Programs - The Division is working to develop programs which will promote interaction and involvement between older and younger persons. The Senior Education Corps, a program which links older adults as volunteers with the public schools in their communities, is being developed in communities across the state. Efforts are also underway to implement a Grandcare program which focuses on providing support and information to grandparents who are raising grandchildren. Another program, Every Grandchild by Two, is aimed at targeting grandparents to help ensure that grandchildren are immunized by the age of two.

Personal Planning and Preparedness - The Division is playing a leadership role in numerous activities to encourage and support the efforts of individuals and families to plan and prepare for the opportunities and challenges that can come with later years. The Division has provided staff support to an Older Worker's Task Force which developed recommendations for ways to increase employment opportunities for older adults and is now working to implement these recommendations. The Division produced a special report on "Increasing Personal Responsibility for Long Term Care through Private Long Term Care Insurance" and is working

to promote strategies to reduce reliance on Medicaid and other public funding sources. In addition, the Division is working with the Department of Commerce and publishers of retirement magazines to promote quality information for retirees, as well as helping Area Agencies on Aging organize seminars on financial planning for retirement.

Housing - The Division has worked cooperatively with the North Carolina Housing Finance Agency, the AAAs, and other public and private organizations on several initiatives to expand housing options for older adults and to increase awareness by older adults of these options. Particular emphasis has been placed on efforts to link existing community services with multi-unit independent housing.

ACTION - The Division of Aging is sponsor for the three federally-funded Foster Grandparent Programs located at Western Carolina Center, Caswell Center, and Black Mountain Center which are State-operated facilities for the mentally retarded. A total of 189 low-income older adults provide supportive services to children with special needs through these programs.

Advocacy - As an advocate for older adults in North Carolina, the Division of Aging plays a leadership role in working with other agencies and groups in the State to promote the enhancement of resources, services, and opportunities for all our older citizens. The Division provides staff support to the Senior Tar Heel Legislature which was created by legislation in 1993 to promote citizen involvement and advocacy concerning aging issues, to assess the needs of older citizens by convening a forum modeled after the General Assembly, and to provide information and education to senior citizens about the legislative process. The Division also works closely with the Governor's Advisory Council on Aging and the North Carolina Coalition on Aging and its 28 member organizations. The Division continues to play a key role in working with other agencies and groups to strengthen the service delivery system for older persons with special needs including those who are developmentally disabled, those who are deaf or suffer a hearing loss, and those with mental health problems. The Division is currently working to develop a comprehensive elder rights program. In addition to the Long-Term Care Ombudsman Program, emphasis is being placed on developing a system for providing legal advice, consultation, and education to older adults; for strengthening outreach, counseling and assistance programs to enhance access by older adults to services and public benefits; and for promoting efforts to educate the public pertaining to elder abuse prevention.

Division of Aging

Bonnie Cramer, Director
693 Palmer Drive
Caller Box 29531
Raleigh, NC 27626-0531

(919) 733-3983
FAX: (919) 733-0443

Area Agencies on Aging (AAAs)

Region A - Southwestern NC Planning & Economic Development Commission AAA - Bryson City

(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties)
(704) 488-9211

Region B - Land-of-Sky Regional Council AAA - Asheville

(Buncombe, Henderson, Madison, Transylvania Counties)
(704) 251-6622

Region C- Isothermal Planning & Economic Development Commission AAA - Rutherfordton

(Cleveland, McDowell, Polk, Rutherford Counties)
(704) 287-2281

Region D - Region D Council of Government AAA - Boone

(Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)
(704) 265-5434

Region E - Western Piedmont Council of Government AAA - Hickory

(Alexander, Burke, Caldwell, Catawba Counties)
(704) 322-9191

Region F - Centralina Council of Government AAA - Charlotte

(Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union Counties)
(704) 348-2711

Region G - Piedmont Triad Council of Government AAA - Greensboro

(Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham Counties)
(910) 294-4950

Region H - Pee Dee Council of Governments AAA - Rockingham

(Anson, Montgomery, Moore, Richmond Counties)
(910) 895-6306

Region I - Northwest Piedmont Council of Governments AAA - Winston-Salem

(Davie, Forsyth, Stokes, Surry, Yadkin Counties)
(910) 761-2111

Region J - Triangle J Council of Government AAA - Research Triangle Park

(Chatham, Durham, Johnston, Lee, Orange, Wake Counties)
(919) 558-9328

Region K - Kerr-Tar Regional Council of Governments AAA - Henderson

(Franklin, Granville, Person, Vance, Warren Counties)
(919) 492-8561

Region L - Region L Council of Government AAA - Rocky Mount
(Edgecombe, Halifax, Nash, Northampton, Wilson Counties)
(919) 446-0411

Region M - Mid-Carolina Council of Government AAA - Fayetteville
(Cumberland, Harnett, Sampson Counties)
(910) 323-4191

Region N - Lumber River Council of Governments AAA - Lumberton
(Bladen, Hoke, Robeson, Scotland Counties)
(910) 618-5533

Region O - Cape Fear Council of Governments AAA - Wilmington
(Brunswick, Columbus, New Hanover, Pender Counties)
(910) 395-4553

Region P - Neuse River Council of Governments - New Bern
(Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico, Wayne Counties)
(919) 638-3185

Region Q - Mid East Commission AAA - Washington
(Beaufort, Bertie, Hertford, Martin, Pitt Counties)
(919) 946-8043

Region R - Albemarle Commission AAA - Hertford
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell, Washington Counties)
(919) 426-5753

OFFICE OF ECONOMIC OPPORTUNITY

The Office of Economic Opportunity formerly known as the State Economic Opportunity Office was established in 1966 to provide training and technical assistance to Community Action Agencies. In 1981 the Division was assigned the responsibility of administering the federal Community Services Block Grant Program. Since that time, the Office has assumed the responsibility of administering additional programs -- the State-funded Community Action Partnership Program, the federally-funded Supportive Housing Program and the federally-funded Emergency Shelter Grants Program.

Each of the grantees which operate programs to benefit the poor is unique. The programs and services they provide vary according to the needs of the community. Under the leadership of a Board of Directors, the local agency decides which programs will be undertaken in their community. Grantees serve urban, suburban, and rural populations.

Community Action Agencies

Community Action Agencies have been involved in services to senior citizens since their inception. Shortly after the enactment of the Economic Opportunity Act of 1964, funds were made available to Community Action Agencies to establish senior opportunity service programs. These programs were designed to provide various services to low-income citizens. In most areas of North Carolina, Community Action Agencies operated Aging Administration programs through contracts prior to the growth of county Councils on Aging.

Currently eleven Community Action Agencies have contracts with local Area Agencies on Aging to provide services to senior citizens. Additionally, two agencies operated Foster Grandparents and RSVP programs funded by ACTION. Two Division grantees have as their purpose the provision of services to the low-income elderly. These agencies are the North Carolina Senior Citizens Federation which operates statewide and United Senior Services which serves Jones, Craven, and Pamlico counties.

Elderly citizens continue to be a significant segment of the clientele served by Community Action Agencies although few agencies operate programs exclusively for them. They participate fully in agencies' projects which include housing, employment, education, emergency assistance, information and referral, nutrition, and income management and self-sufficiency.

Lawrence D. Wilson, Director
(919) 773-2818

Directory of Community Action Agencies

**Alamance County Community Services
Action Agency, Inc.**
Ometta Corbett
(910) 229-7031

**Blue Ridge Community Action, Inc.
(Alexander, Burke, Caldwell)**
Kenneth L. Cox
(704) 438-6255

**Blue Ridge Opportunity Commission, Inc.
(Ashe, Alleghany, Wilkes)**
Dare Stromer
(910) 667-7174

**Carteret Community Action, Inc.
(Carteret, Craven, Pamlico)**
Charles Trent.
(919) 728-4528

Catawba County
Bobby Boyd
(704) 324-9940

**Charlotte Area Fund, Inc.
(Mecklenburg)**
Karen B. Browning
(704) 372-3010

**Choanoke Area Development Association
(Bertie, Halifax, Hertford, Northampton)**
Sally Surface
(919) 539-4155

**Cumberland County Community
Action, Inc.**
Kenneth G. Smith
(910) 485-6131

Davidson County Community Action, Inc.
Charles N. Holloway
(704) 249-0234

**DOP Consolidated Human Services Agency
(Duplin, Onslow)**
Sandra Sanchez
(910) 347-2151

**Economic Improvement Council, Inc.
(Camden, Chowan, Currituck, Dare,
Gates, Hyde, Pasquotank, Perquimans,
Tyrrell, Washington)**
Fentress T. Morris
(919) 482-4459

**Experiment in Self-Reliance, Inc.
(Forsyth)**
Robert B. Law
(910) 722-9400

**Four-County Community Services
(Bladen, Hoke, Robeson, Columbus,
Pender, Scotland)**
Richard Greene
(910) 277-3500

**Four Square Community Action, Inc.
(Cherokee, Clay, Graham, Swain)**
H. Tommy Moore
(704) 321-4475

**Franklin, Vance, Warren Opportunity, Inc.
(Franklin, Vance, Warren)**
William S. Owens
(919) 492-0161

**Gaston Community Action
(Cleveland, Gaston, Lincoln, Stanly)**
Joseph W. Dixon
(704) 866-8721

**Greene Lamp, Inc.
(Greene, Lenoir)**
Ida Whitfield
(919) 747-8146

**Guilford County Community Action, Inc.
(Guilford)**
Earl Jones
(910) 274-4673

**I Care Inc.
(Iredell)**
Paul B. Wilson
(704) 872-8141

**Johnston-Lee Community Action, Inc.
(Johnston, Lee)**
Marie Watson
(919) 934-2145

**Macon Program for Progress, Inc.
(Macon)**
Mary Ann Sloan
(704) 524-4471

**Martin County Community Action
(Beaufort, Martin, Pitt)**
Haywood L. Harris
(919) 792-7111

**Mt. Projects, Inc.
(Haywood, Jackson)**
Bob Leatherwood
(704) 452-1447

**Nash-Edgecombe Economic Development
(Edgecombe, Nash)**
A. J. Richardson
(919) 442-8081

**New Hanover County Community Action
(New Hanover)**
Edward L. Laceywell
(910) 762-7808

**Operation Breakthrough, Inc.
(Durham)**
Herbert A. Carter
(919) 688-8111

**Opportunity Corporation of
Madison-Buncombe Counties, Inc.
(Madison, Buncombe)**
Vicki Heidinger
(704) 252-2495

**Salisbury-Rowan Community
Service Council
(Cabarrus, Rowan)**
Andrew T. Harris
(704) 633-6633

Sandhills Community Action Program, Inc.
(Anson, Montgomery, Moore, Richmond)
Nezzie Smith
(910) 947-5675

Union County Community Action, Inc
(Union)
Jenny R. McGuirt
(704) 283-7583

Wake County Opportunities, Inc. (Wake)
Dorothy N. Allen
(919) 833-2885

W.A.M.Y. Community Action, Inc.
(Avery, Mitchell, Watauga, Yancey)
Dr. Jerry Fee
(704) 264-2421

**Wayne Action Group for Economic
Solvency, Inc. (Wayne)**
Bryan Sutton
(919) 734-1178

Western Carolina Community Action, Inc.
(Henderson, Transylvania)
John Leatherwood
(704) 693-1711

**Yadkin Valley Economic Development
District, Inc.**
(Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

Limited Purpose Agencies

Low-Income Housing Development Corp.
(Statewide)
Dean Edwards
(704) 342-3316

NC Commission of Indian Affairs
(Statewide)
Gregory Richardson
(919) 733-5998

NC Rural Fund for Development
(Statewide)
Royce Jordan
(919) 638-3041

NC Senior Citizens' Federation, Inc.
(Statewide)
Inez Myles
(919) 492-6031

Telamon Corporation
(Statewide)
Richard Joanis
(919) 851-7611

United Senior Service, Inc.
(Craven, Jones, Pamlico)
Thelma Chadwick
(919) 638-3800

Western Economic Development Organization
(Buncombe, Madison)
James Crawford
(704) 254-8803

Indian Associations

**Cumberland County Association
for Indian People**
Gladys Hunt
(919) 483-8442

Eastern Band of the Cherokee
Joyce Duganr
(704) 497-2771

**Guilford Native American
Association**
Ruth Revels
(919) 273-8686

Lumbee Regional Development Association
James Hardin
(919) 521-8602

Metrolina Native American Association
Ms. Patrick Clark
(704) 331-4818

Waccamaw Siouan Development Association
Suzanne Rogers
(919) 452-3778

DIVISION OF FACILITY SERVICES

The Division of Facility Services does not offer direct services to the elderly but does regulate facilities and programs which provide health care and group care to the elderly. The Division is responsible for a number of functions that affect services to the elderly.

The **State Medical Facilities Planning Section** determines the degree of unmet needs for health facilities and services throughout the State and publishes a State Medical Facilities Plan which serves as a major resource for issuance of certificates of need.

The **Certificate of Need Section** restricts unnecessary increases in health care costs and limits unnecessary health services and facilities based on geographic, demographic, and economic considerations.

The **Construction Section** reviews plans and specifications, makes on-site inspections, and provides consultation to ensure a safe and proper environment for patients, residents, and inmates in those facilities wishing to be licensed or certified or to receive financial assistance.

The **Nurse Aide Registry and Investigations Section** maintains a nurse aide registry and investigates alleged abuse, neglect, or misappropriation of residents' funds in nursing facilities by nurse aides.

The **Group Care Licensure Section** licenses and regulates adult care homes and provides supervision, consultation, training, and technical assistance to county departments of social services staff who regularly monitor the compliance status of the facilities in terms of rules and quality services. Training and other support services are provided to facility staff to enhance their ability to meet the needs of residents. This section also inspects and licenses mental health treatment facilities to ensure compliance with rules and meeting client needs.

The **Licensure and Certification Section** conducts surveys and complaint investigations in licensed health care facilities and agencies and manages and directs administrative services and quality assurance to ensure compliance with federal regulations for Medicare/Medicaid certification. The section conducts staff development programs for surveyors to meet Health Care Financing Administration requirements.

The **Emergency Medical Services Section** ensures that all citizens have access to quality emergency medical care by providing technical assistance, services, and regulatory oversight to all local EMS systems in North Carolina.

Lynda D. McDaniel, Acting Director
(919) 733-2342

DIVISION OF MEDICAL ASSISTANCE

The Division of Medical Assistance has responsibility for the State's Medicaid program which ensures that eligible low income people have access to appropriate and adequate medical care. Among the eligible individuals are the aged who must be 65 years or older. The Division develops policy and procedures to ensure these individuals are properly determined eligible for medical assistance and reimburses health care providers for services given to eligible persons.

Eligibility is determined at local departments of social services by application. Recipients obtain services from the provider of their choice. Providers of services bill the Medicaid program for payment and are reimbursed directly.

Elderly individuals who qualify for Medicaid by meeting the program's income and asset management standards may receive all Medicaid services as well as all Medicare services for which the cost-sharing amounts are paid by Medicaid. Services which are of particular benefit to the aged include nursing home care, home health care, personal care services, inpatient hospital care, prescribed drugs, and physician care.

Categorically Needy - Beginning January 1995 individuals who receive Supplemental Security Income (SSI) payments are automatically enrolled in Medicaid. Eligibility is determined by the federal Social Security Administration. Tapes of eligible SSI recipients are sent to the State Department of Human Resources where Medicaid identification cards are issued to the eligible individuals.

SSI Income Levels CY 1996 (CY= Calendar Year)

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 470	\$5,654	\$2,000
2	\$ 705	\$8,460	\$3,000

Medically Needy - Individuals aged 65 and older qualify for Medicaid services by meeting North Carolina's Medicaid program income and asset standards.

Medicaid Income Levels CY 1996

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 242	\$2,900	\$2,000
2	\$ 317	\$3,800	\$3,000
3	\$ 367	\$4,400	N/A
4	\$ 400	\$4,700	N/A

Medicare Buy-In - Federal statute permits Medicaid to "buy-in" Medicare enrollees who meet the Medicaid income standards by paying Medicare coinsurance, deductibles, and premium amounts. These individuals may receive all Medicaid services as well as all Medicare services for which cost-sharing amounts are paid by Medicaid.

Qualified Medicare Beneficiaries - Under the Catastrophic Coverage Act of 1988, Medicaid programs are mandated to pay Medicare cost-sharing amounts for Medicare enrollees who have incomes up to the federal poverty level and who have special assets limits. These individuals may receive only Medicare covered services for which Medicaid pays the cost-sharing amounts.

Income
100% of Poverty As of 04/01/96

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 645	\$7,740	\$4,000
2	\$ 864	\$10,360	\$6,000

100 County Departments of Social Services

Barbara Matula, Director
State Division of Medical Assistance
(919) 733-2060

Qualified Medicare Beneficiaries - Part B Premium Only - Beginning January 1, 1995, Medicaid began paying for Medicare Part B premiums only for Medicare-eligible individuals whose incomes are between 100% and 120% of poverty.

Income
125% of Poverty

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 774	\$ 9,288	\$4,000
2	\$1,036	12,432	\$6,000

Community Alternatives Program - The Community Alternatives Program for Disabled Adults (CAP/DA) is a part of the North Carolina Long-Term Care Screening Program authorized by the 1981 General Assembly. CAP/DA, funded through a Medicaid waiver, provides home and community-based services to Medicaid recipients aged 18 and above who would otherwise require care in a SNF or ICF. Medical and non-medical services are provided to prevent or delay institutionalization, thereby providing an alternative, effective and preferred by the client.

The program is initiated at the county level with the Board of County Commissioners selecting the lead agency. The program operates in 70 counties.

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE

The Division provides services to persons of all ages, including older persons, who have mental illness, developmental disabilities, and substance abuse problems. Community-based mental health, developmental disabilities, and substance abuse services are provided in North Carolina by 41 area programs. These 41 catchment areas cover all 100 counties. Each area program is governed by an area authority that is appointed by the county commissioners. Area authorities are responsible for planning and for providing services to catchment area residents. The area authorities may provide services directly or may contract with other public or private agencies for the provision of services. In SFY 95-96, 11,571 people (age 65 and over) received services from the area programs.

The State-owned and operated mental health facilities include four psychiatric hospitals, three residential treatment programs for children, and a facility for people whose primary need is nursing care. In addition, the Division is responsible for the operation of five mental retardation centers, three alcohol and drug abuse treatment centers, and a specialized service for people with Alzheimer's disease. In SFY 95-96, 1,753 people (age 65 and over) received services from these State-operated facilities.

In accordance with State legislation and policy, services are directed toward elimination, reduction, and prevention of the disabling effects of mental illness, developmental disabilities, and substance abuse. This policy applies to all age groups. The institutions operated by the Division provide residential services for the disability group it is mandated to serve. Area programs are required to provide the following services to all age groups as applicable: outpatient, emergency, consultation and education, and case management for all disability groups; inpatient psychiatric services, psychosocial rehabilitation, or partial hospitalization; developmental day services for preschool children with developmental disabilities; adult developmental activity programs; alcohol and drug education traffic schools, drug education schools, detoxification services, and forensic services.

State Operated Programs

Div. of Mental Health, Developmental Disabilities and Substance Abuse

Michael S. Pedneau
(919) 733-7011

Community-Based Programs

Alamance-Caswell Area Program

John V. Moon
(919)-222-6430

Albemarle Area Program (Camden, Chowan, Currituck, Dare, Pasquotank, Perquimans)

Charles R. Franklin Jr.
(919) 335-0431

Blue Ridge Area Program (Buncombe, Madison, Mitchell, Yancey)

Lawrence E. Thompson III
(704) 258-3500

Catawba County Area Program

John Hardy
(704) 326-5900

Cleveland County Area Program

Dwight S. Brennehan
(704) 482-8941

Cumberland County Area Program

Thomas Miriello
(919) 323-0601

Davidson County Area Program

Dr. C. Randall Edwards
(919) 476-9900

Duplin-Sampson Area Program

Dr. Jack St. Clair (Interim)
(919) 296-1851

Durham County Area Program

Dr. Steven Ashby
(919) 560-7200

Edgecombe-Nash Area Program

Pat Adams
(919) 937-8141

Foothills Area Program

(Alexander, Burke, Caldwell, McDowell)
Kathleen Meriac
(704) 438-6230

Forsyth-Stokes Area Program

Ronald W. Morton
(919) 725-7777

Gaston-Lincoln Area Program

Dr. Karen Andrews (Interim)
(704) 867-2361

Guilford County Area Program

Billie Martin Pierce
(910) 373-4981

Halifax County Area Program

Lois T. Batton
(919) 537-6174

Johnston County Area Program

Dr. J. Daniel Searcy
(919) 989-5500

Lee-Harnett Area Program

Mansfield M. Elmore
(919) 774-6521

Lenoir County Area Program

June S. Cummings
(919) 527-7086

Mecklenburg County Area Program

Peter E. Safir
(704) 336-2023

Neuse Area Program (Carteret,

Craven, Jones, Pamlico)

Roy R. Wilson, Jr.
(919) 636-1510

New River Area Program

(Alleghany, Ashe, Avery, Watauga, Wilkes)

Don Suggs
(704) 264-9007

Onslow County Area Program

Dan Jones
(910) 353-5118

Orange-Person-Chatham Area Program

Thomas J. Maynard
(919) 929-0471

Piedmont Area Program
(Cabarrus, Stanly, Union)
Robert C. Lorish
(704) 782-5505

Pitt County Area Program
Dr. Steve Creech
(919) 413-1600

Randolph County Area Program
Mazie Fleetwood
(910) 625-1113

**Roanoke-Chowan Area Program (Bertie,
Gates, Hertford, Northampton)**
Joseph T. Jenkins
(919) 332-4137

Rockingham County Area Program
Billy G. Witherspoon
(910) 342-8316

Rutherford-Polk Area Program
Tony Womack
(704) 287-6110

**Sandhills Area Program (Anson,
Hoke, Moore, Montgomery, Richmond)**
Michael Watson
(919) 673-9111

**Smoky Mountain Area (Cherokee,
Clay, Graham, Haywood, Jackson,
Macon, Swain)**
Hugh D. Moon
(704) 586-5501

**Southeastern Area (Brunswick,
New Hanover, Pender)**
Arthur Constantini
(910) 251-6440

**Southeastern Regional Area (Bladen,
Columbus, Robeson, Scotland)**
John S. Mckee III
(910) 738-5261

Surry-Yadkin Area Program
David Swann
(910) 789-5011

**Tideland Area Program (Beaufort,
Hyde, Martin, Tyrrell, Washington)**
Lynda K. Watkins
(919) 946-8061

Trend Area Program
(Henderson, Transylvania)
Ronald C. Metzger
(704) 692-7790

Tri-County Area Program
(Davie, Iredell, Rowan)
Robert Dirks
(704) 637-5045

**Vance-Warren-Granville-Franklin
Area Program**
J. Thomas McBride
(919) 492-4011

Wake County Area Program
Meg Houseworth (Interim)
(919) 856-5260

Wayne County Area Program
William Condron
(919) 731-1133

Wilson-Greene Area Program
John White
(919) 399-8021

DIVISION OF SERVICES FOR THE BLIND

Although the Division of Services for the Blind does not have specific federal or State aging program mandates, the Division does strive to fulfill its mission of providing services to blind and visually impaired North Carolinians including those who are over fifty-five through a network of service providers across the State. Services provided through the Division can play a significant role in helping older people who have lost some or all of their vision to develop skills which will enable them to function more independently and safely in their homes and communities.

Chore (in home aide) Services - Designed to help blind and visually impaired people who qualify for the service to meet basic daily needs so that they can continue to live in their homes.

Special Assistance for the Blind - Provides money payment for those individuals who are blind, are in need of adult care home placement, and do not have the financial resources to pay for the care.

Independent Living Services - Services provided by Social Workers for the Blind and Independent Living Rehabilitation Counselors in individual and group settings designed to assist blind and visually impaired people to develop skills needed in order to live independently and safely in their homes and communities. Areas covered include independent travel training, use of adaptive aids and devices, housekeeping and cooking, etc.

People who wish to make contact with Division of Services for the Blind staff can do so by calling any county Department of Social Services office and asking to speak with the Social Worker for the Blind or by calling any of the seven Division of Services for the Blind District Offices listed below:

Asheville District Office
(704) 251-6732

Fayetteville District Office
(910) 486-1582

Charlotte District Office
(704) 342-6185

Greenville District Office
(919) 355-9016

Winston-Salem District Office
(910) 761-2345

Wilmington District Office
(910) 251-5743

Raleigh District Office
(919) 733-4234

Division of Services for the Blind Central Office

John DeLuca, Director
(919) 733-9822

DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING

This Division was established in 1988 to provide for the planning, development, management, and evaluation of special programs and services for citizens who are deaf and hard of hearing and to serve as a link between this population and other State and local agencies.

The services of the Division are based on disability rather than age.

Regional Resource Centers - Purpose is to provide information on services to persons who are deaf, deaf/blind, or hard of hearing and their families through a network of seven centers located in Asheville, Charlotte, Greensboro, Morganton, Raleigh, Wilmington, and Wilson. Personnel in these centers provide direct interpreting services when no free-lance contractual interpreters are available. Assistance is also provided to the 60+ age group in obtaining access to the current delivery system which may include applying for social security benefits, low income housing, and other services. Beginning January 1995 each Regional Resource Center was staffed with a new consultant for the hard of hearing and older adults. Services to this population are expected to grow rapidly in the next decade.

Dr. Frank Turk, Division Director
(919) 733-5199 (V)
(919) 733-5930 (TTY)
(919) 715-4306 (FAX)

Asheville Regional Resource Center (800) 681-7998 (V) (704) 251-6190 (V)
31 College Place, Building A, Suite 109 (800) 681-8035(TTY) (704)251-6293 (TTY)
Asheville, NC 28801 (704) 251-6860 (FAX)

Counties Servied - 14: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Swain, Transylvania, Yancey

Charlotte Regional Resource Center (800) 835-5302 (V) (704) 367-0508 (V/TTY)
4401 Colwick Road, Suite 409 (800) 835-5306 (TTY) (704) 367-0570 (TTY)
Charlotte, NC 28211 (704) 367-0104 (FAX)

Counties Served - 13: Anson, Cabarrus, Davie, Gaston, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly, Surry, Union, Yadkin

Greensboro Regional Resource Center (888) 467-3413 (910) 621-2772 (V/TTY)
P.O.Box 14547 (910) 621-2713 (FAX)
Greensboro, NC 27415

Counties Servied - 8: Alamance, Caswell, Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes.

Morganton Regional Resource Center (800) 999-8915 (V) (704) 433-2958(V)
 517 W. Fleming Drive (800) 205-9920 (TTY) (704) 433-2960 (TTY)
 Morganton, NC 28655 (704) 438-5582 (FAX)

Counties Served - 13: Alexander, Allegheny, Ashe, Avery, Burke, Caldwell, Catawba, Cleveland, Iredell, McDowell, Rutherford, Watauga, Wilkes

Raleigh Regional Resource Center (800) 851-6099 (V) (919) 733-1144 (V)
 335 Ashe Avenue (800) 322-8861 (TTY) (919) 733-6715 (TTY)
 Raleigh, NC 27606 (919) 715-4312 (FAX)

Counties Served - 16: Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Nash, Orange, Person, Vance, Wake, Warren

Wilmington Regional Resource Center (800) 205-9915 (V) (910) 251-5702 (V)
 272 N. Front Street, Suite 411 (800) 205-9916 (TTY) (910)251-5767 (TTY)
 Wilmington, NC 28401 (910) 251-2677 (FAX)

Counties Served -12: Bladen, Brunswick, Cartaret, Columbus, Duplin, Jones, New Hanover, Onslow, Pender, Robeson, Sampson, Scotland

Wilson Regional Resource Center (800) 999-6828 (V) (919) 243-3104 (V)
 308 Broad Street (800) 205-9925 (TTY) (919) 243-1951 (TTY)
 Wilson, NC 27893 (919) 243-7634 (FAX)

Counties Served - 24: Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson

DIVISION OF SOCIAL SERVICES

Services are available for older and disabled adults through departments of social services in all 100 counties in the State. Service programs vary from county to county. Of the services described below, Adult Placement Services, Individual and Family Adjustment, Foster Care Services for Adults, and Protective Services for Adults must be provided by all county departments, and every county department must provide at least one level of In-Home Aide Services. This listing also includes services that can be provided if the county department elects to provide them based on county need and available resources.

Adult Care Home Case Management Services - This service provides case management to residents of adult care homes who are Medicaid eligible and qualify for enhanced personal care. Activities include assessment, authorization for personal care services, and arranging for other community based health services needed by the resident.

Adult Placement Services - Assistance to aging or disabled individuals and their families in funding substitute homes or residential health care facilities when they are unable to remain in their current living situations. Activities include screening, assessment, counseling, assisting in completing financial applications and medical evaluations, locating and securing placement, supporting in the transition, and maintaining the placement. It also includes assisting in relocating from one facility to another or in returning to more independent settings.

At-Risk Case Management - These services include locating, coordinating, and monitoring the delivery of appropriate services for adults who are at risk of abuse, neglect, or exploitation, and who are eligible for Medicaid. The service includes assisting at-risk individuals to access medical, social, educational, or other needed services.

Case Management Services - Plans and directs the provision of social services to an individual who is receiving or who is applying to receive services. Activities include initial and on-going eligibility determination and assessment of the extent of the individual's current service needs as well as establishment of ways and means to tackle the individual's problem. This means assuming the role of prime agent who assures a dependable and coordinated flow of services to the client as he or she moves through the service delivery systems.

Community Alternative Programs - The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid waiver which provides home and community-based services to adult Medicaid recipients who would otherwise require nursing home care.

Day Care Services for Adults - This day program supports adults' personal independence and promotes their well-being. Services include activities designed to meet the needs and interests of the participants and referral to appropriate community resources. Services must be provided in a certified home or center. Adult day health services, an extension of adult day care services, offer health care services to adults under the supervision of nursing staff.

Foster Care Services for Adults - This program provides services to adult care homes through study and development of new adult care homes and on-going monitoring, consultation, and technical assistance to existing domiciliary facilities.

Guardianship - Services provided when a determination is made by the court that an individual is mentally incompetent and a guardian is appointed. The county department of social services, along with other human services agencies, may be requested to serve as guardian by the court, in which case the director of the department of social services is authorized as a substitute decision-maker for the incompetent adult. Services may include making decisions about where the individual will live, authorizing medical treatment, arranging for other necessary services, and managing the adult's finances.

Health Support Services - These services are directed toward helping individuals and families recognize health needs; cope with incapacities and limited functioning resulting from aging, disability, or handicap; and obtain and use resources through Medicaid.

Housing and Home Improvement Services - Assists individuals and families in obtaining and retaining adequate housing and basic furnishings. Services include helping a person obtain or retain ownership of his own home or find and relocate to more suitable housing, minor renovations and repairs, and basic appliances.

In-Home Aide Services - In-home aide services are paraprofessional services which assist children and adults, their families, or both with essential home management tasks, personal care tasks, and/or supervision to enable them to remain and function effectively in their own homes as long as possible. In-home aide services may be used for the purpose of providing respite for a primary caregiver or for parents. The service is available at four levels of complexity and two areas of specialization: home management and personal care.

Individual and Family Adjustment Services - These services are designed to assist individuals and their family members in attempts to restructure or solidify their environment. Activities include counseling to enable the individual to recognize, understand, and cope with problems and conflicts regarding such areas as household management, consumer affairs, family life, alcoholism, drug addiction, mental retardation, emotional disturbance, and school related problems.

Personal Care Services - Medicaid-funded paraprofessional services are available to Medicaid recipients who, because of a medical need, require assistance in personal hygiene, ambulation, meal preparation, and medical monitoring as well as home management tasks that are incidental to the health care needs.

Preparation and Delivery of Meals - Prepares and delivers nutritious meals to an aging or disabled individual in his own home or in a central dining facility as necessary to prevent institutionalization or malnutrition.

Protective Services for Adults - Services are available to adults (aged 18 or older) who are incapacitated due to physical or mental disability and who are in need of protection because they are abused, neglected, or exploited. Services include receiving and evaluating reports of a need for protection, planning, and counseling with disabled adults and their families to identify and address those problems which precipitate abuse, neglect or exploitation, assistance in arranging for needed services such as medical care, support services in the home, appropriate living arrangements, legal services, and others.

Transportation - Services are provided to low-income individuals as part of a service plan to enable those for whom transportation is not otherwise available to have access to medical and health resources and other community facilities and resources and to support the delivery of other social services.

County Agencies

County DSS agencies provide financial assistance to eligible people including older adults. The following programs are available for older adults who meet the eligibility criteria.

State/County Special Assistance for Adults Program - The Department of Human Resources is authorized by General Statute 108A-40 to establish and supervise a State/County Special Assistance for Adults Program. This is a program of financial assistance for eligible residents of domiciliary homes and helps to pay for their care. It is administered by the county departments of social services under rules and regulations of the Social Services Commission.

Low Income Energy Assistance Program - Funds are used to assist elderly (65 and over) low income people who are vulnerable to harsh winter conditions. Benefits are provided to eligible households to offset their energy needs. To be eligible, a household must: (1) be receiving food stamps as of September 30; (2) have income at or below 110% of the poverty level; and (3) be subject to rising energy costs. The program was authorized by the Omnibus Budget Reconciliation Act of 1981.

Food Stamps - The Food Stamp Program is designed to help low income families buy the food they need for good health. County departments of social services administer the program, including interviewing applicants, determining eligibility, and authorizing issuance of stamps. In North Carolina, stamps are issued in local departments of social services or by private vendors who contract this service for local departments of social services. Clients may also receive their stamps by mail in some counties. The decision on the type of issuance is made by county officials. Food stamp eligibility is based on both financial and nonfinancial criteria.

Kevin FitzGerald
Director
(919) 733-3055

All 100 County Departments of
Social Services

DIVISION OF VOCATIONAL REHABILITATION

The purpose of the North Carolina Division of Vocational Rehabilitation Services is to assist persons with disabilities to achieve gainful employment in jobs with promotional opportunities, career ladders, insurance and other benefits and/or increase their ability to live independently.

Gainful employment is the outcome of the Vocational Rehabilitation Program and the increased ability to live independently is the outcome of the Independent Living Program.

To accomplish this purpose, the vocational rehabilitation program provides services including job development/placement, training, physical/mental restoration, guidance, counseling, evaluation, vehicle and/or home modifications, assistive technology services, rehabilitation engineering, maintenance, personal assistance services, vocational counseling, job seeking/keeping skills, on the job training, and supported employment to vocational rehabilitation clients, at least 70% of whom are severely disabled. The purpose of the independent living program is to ensure the functional improvements individuals attain in areas of increased mobility, self-care, housing, communication, and in some situations, transition to the vocational rehabilitation program and prevention of institutionalization. The Division welcomes applications from adults of all ages and coordinates services based on each individual's employment and/or independent living needs.

Bob H. Philbeck, Director
(919) 733-3364

DEPARTMENT OF INSURANCE

The Department of Insurance is not specifically charged with providing services or programs for senior citizens. However, the Department does have functions that directly and indirectly benefit senior citizens. Those services and programs are:

- The Seniors' Health Insurance Information Program (SHIIP).
- The licensing and regulation of continuing care retirement communities, also known as life care facilities or CCRC's.
- The regulation of long-term care insurance and of Medicare supplement insurance.

SHIIP

The Seniors' Health Insurance Information Program, known as SHIIP, serves to educate the public on seniors' health insurance, concentrating mainly on Medicare, Medicare supplements, and long-term care insurance. SHIIP educates the public using a three tier approach: (1) by training volunteer counselors in all 100 counties of North Carolina to educate their peers on seniors' health insurance; (2) by operating a toll-free hotline from the Raleigh SHIIP office; and (3) by developing educational materials for use by consumers.

SHIIP works closely with local Councils on Aging, Senior Centers, NC Cooperative Extension, and other groups providing services for senior citizens.

Carla Suitt, Deputy Commissioner
Outside NC - (919) 733-0111
Inside NC - 1-800-443-9354

Continuing Care Retirement Communities

The Continuing Care Section serves to provide for the financial oversight and licensing of continuing care Retirement Communities as well as providing additional safeguards for facility residents and prospective residents. This authority, which became effective on January 1, 1990, applies only to facilities that furnish lodging or independent living together with health-related services under a contract for the life of the individual or for a period in excess of one year. Current laws provide for facility disclosure of all material facts and financial data; departmental authority to intervene in the event of insolvency or the imminent danger of financial impairment; departmental authority to audit the books and records of facilities; the establishment of liquid operating reserves by each facility; and the establishment of a nine-member advisory committee to advise the Commissioner.

Bill Darden, Manager
(919) 733-5633, ext. 247

LONG-TERM CARE INSURANCE

Long-term care insurance policies provide coverage for not less than 12 consecutive months for each covered person on an expense incurred or indemnity basis. Long-term care can include a range of services provided in a nursing home or in a private home or other community setting. Such services include skilled or unskilled nursing care, home health care, personal care, and a wide range of rehabilitative therapies.

The typical long-term care insurance policy offers the buyer a choice of daily dollar benefits, waiting or elimination periods, and inflation protection. The long-term care insurance market has grown significantly because the fastest growing segment of our population is the group 85 and over, the group most likely to have a chronic illness or disability or for some other reason cannot care for themselves.

In 1987 and 1989, the legislature enacted laws to regulate these policies and provide more protection for those people buying such policies. Rules and regulations were developed to establish minimum benefits, proper disclosure, and required loss ratio standards.

Theresa Shackelford, Supervisor
(919) 733-5060

MEDICARE SUPPLEMENT INSURANCE

Significant changes by the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) require states to revise their regulatory requirements for Medicare supplement insurance. OBRA 90 also requires that state regulatory programs be approved annually by the Secretary of Health and Human Services.

To name a few of those changes, OBRA 90 limits Medicare supplement insurance sales to ten standard plans, requires open enrollment, prescribes a 65% loss ratio for individual policies and requires non-duplication of coverage.

No policy may be issued in a state unless the state's regulatory program is approved. North Carolina's regulatory program was approved by the Secretary of Health and Human Services on July 23, 1992.

Theresa Shackelford, Supervisor
(919) 733-5060

COMPLAINTS ABOUT AN INSURANCE COMPANY WITH RESPECT TO MEDICARE SUPPLEMENT OR LONG-TERM CARE INSURANCE

(919) 733-2004
1-800-662-7777

OFFICE OF STATE PERSONNEL

PREPARE

The PREPARE program has two components: **PREPARE (Pre-Retirement Employees' Planning)** and **PREPARE (Assisting Retired Employees)**. The focus of both components is to provide the awareness, information and actions needed on issues of importance to active and retired employees.

PREPARE: Pre-Retirement Employees' Planning

The **PREPARE** component consists of a small group discussion workshop aimed at helping the active employee develop realistic plans for retirement. Specifically, developing an awareness of the issues in retirement is necessarily the first step so that employees know the appropriate questions to ask. Then providing accurate information and the resources for updating and gathering additional information is key to developing reasonable alternatives. Finally, encouraging employees to accept personal responsibility for taking action on the information available and developing realistic plans completes the program objectives.

Initially, State government employees ages 50 and over or any age with at least 20 years of service would be eligible to attend the workshops because the topics covered are most relevant to this group of employees: planning for retirement, pension benefits, personal savings for retirement, financial planning, legal and estate planning, health insurance, health and wellness, housing and family relationship, and the meaningful use of time after retirement.

The format of the program is small group discussion (groups of 25 people) so that the mutual sharing of issues and information is encouraged. Generally the workshop is offered over two consecutive days, six hours per session, or three consecutive weeks, four hours per session. The topics are presented by a network of resource people provided by cooperating agencies such as the Teachers' and State Employees' Retirement System, the State Division on Aging, the State Employees' Credit Union, Social Security Administration, North Carolina Bar Association, and the State Health Plan. The workshop is being disseminated throughout the State by resources within the larger state agencies (DHR and DOT) and by the Community College System for smaller agencies. The Office of State Personnel provides the technical assistance, training of leaders and resource people, coordination of workshops, and materials (Employees' Workbook, Leaders' Manual, audiovisuals, and handouts).

PREPARE: Assisting Retired Employees

The **PREPARE** component is in the early stages of planning. The major thrust of this program is to network with retired employees so that they may continue to provide important manpower resources for agencies when needed, and in turn the agencies can more easily communicate important information or new developments to their retirees.

For more information contact: PREPARE Program
Personnel Development Center, 101 W. Peace Street. Raleigh, NC 27603-1127
Lavonda Van Benthuisen, Director, (919) 733-8331
Vicki Mills, Staff Assistant (919) 715-4276



RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

Every community in North Carolina faces the continuing challenge of providing necessary services with limited resources. Every community also has a growing number of retirees who want to remain active and useful.

RSVP as part of Corporation for National and Community Service has a two-fold purpose:

- To provide volunteer opportunities for older adults so that they can put the skills and experience of a lifetime to work for others, thereby maintaining an active role for older adults in the community; and
- To assess community needs and, through the use of older adult volunteers, meet those needs.

RSVP involves volunteers who participate in the work of over 763 local agencies, organizations, and schools. This program has 17 projects in North Carolina and could expand to many more if funding was available. The cost of operations is minimal in proportion to numbers of persons giving their time and administering care both with in-home and community settings. RSVP has minimal staff and provides the following benefits to its volunteers: insurance, meal reimbursement, mileage reimbursement, and recognition. There is no per diem or wage paid to participant volunteers.

**Corporation for National
and Community Services**
Washington, D.C.
1-800-424-8867

**Corporation for National Service
North Carolina Office**
Robert Winston
(919) 856-4731

Carteret Community Action, Inc.
Ellen Peirce
(919)-247-4366

Charlotte-Mecklenburg Senior Center
Chauna Wall
(704) 522-6222

**City of Raleigh
Department of Human Resources**
Rebekah B. Ghazy
(919) 831-6295

**Cumberland Co. Coordinating
Council on Older Adults**
Blanche Hodul
(919) 485-4448

Durham Technical Institute
Helen Featherson
(919) 598-9314

**Harnett County Council
for Senior Citizens**
Nancy Wright
(919) 893-7578

Koinonia, Inc. (Lenoir)
Janice Barger
(704) 758-9315

Land-of-Sky Regional Council
Linda Mullis
(704) 254-8131

Moore County RSVP (Carthage)

Mary Nethercutt
(919) 947-6395

Mountain Project, Inc.

Jackie Haney
(704) 452-1447 Ext. 35

New Hanover County Department of Aging

Howard Brown
(919) 452-6400

Northwest Piedmont COG (Winston-Salem)

Sheila Tippett
(919) 722-9346

RSVP of Orange County

Kathy Mangum
(919) 968-2054

Southeastern Community College (Whiteville)

Sharon Jarvis
(919) 642-6274

United Services for Older Adults (Greensboro)

Aimee Baucom-Rotruck
(919) 373-4816

Wayne Action Group for Economic Solvency

Mary Best
(919) 734-1178

Yadkin Valley Economic Development District

Dianne Watson
(919) 367-7251

SENIOR COMPANION PROGRAM

The Senior Companion Program provides an opportunity for able-bodied, low-income seniors to continue making meaningful contributions to their communities. They help older persons receiving long-term care, deinstitutionalized persons from hospitals and nursing homes, and others with special needs. The companionship that develops in these relationships is of great value to both giver and recipient. Senior companion services include: shopping and escorts on personal errands; home budgeting; readjustment of deinstitutionalized seniors; household management skills; exercise and recreational activities; nutritional assistance; health status monitoring; acute care discharge planning; and care for the terminally ill.

Wayne Action Group for Economic Solvency

Yvette Brown
(919) 734-1178

United Senior Services, Inc.

(New Bern)
Gail Anderson
(919) 637-1700 Ext. 27

New River Mental Health Center

(Jefferson)
Debbie Wellborn
(919) 246-4898

**Land-of-Sky Regional Council
(Asheville)**

Linda Mullis
(704) 254-8131

Mountain Projects, Inc.

(Waynesville)
Patsy Dowling
(704) 452-1447

**NORTH CAROLINA AMERICORPS/VISTA
(Volunteers in Service to America)**

Another program offered by Corporation for National Service is Americorps/Vista which administers 20 Vista programs in North Carolina. This is a full-time, year-long volunteer program for men and women 18 years of age and older from all backgrounds who commit themselves to increasing the capability of low-income people to improve the conditions of their own lives. Volunteers are assigned to local sponsors which may be State or local public agencies or private non-profit organizations. Volunteers may serve in their home, community, or in other parts of the country. Americorps/Vista pays travel expenses and provides some relocation assistance for volunteers who serve outside of their local community.

**Corporation for National ServiceAmericorps/Vista
North Carolina OfficeWashington, DC
(919) 856-4731 (800) 94-ACORPS**

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program provides people who are 60 years of age and older with an opportunity to engage in useful volunteer services to their community. They give their time and talents and engage through locally sponsored projects in public and non-profit facilities. FGP volunteers serve in 19 counties in North Carolina. Most FGP are low-income seniors who receive a modest hourly stipend for their services.

Foster Grandparent Programs

Black Mountain Center (Asheville)
Doris Freeman, Director
(704) 669-3114

**Carteret Community ACTION, Inc.
(Morehead City)**
Diane Williams, Director
(919) 726-5219

**United Way of Cleveland Co., Inc.
(Shelby)**
Clare Thurston, Director
(704) 482-4333

**United Services for Older Adults
(Greensboro)**
Amelia Ann Thomas, Director
(910) 373-4816

**New River Mental Health Center
(Jefferson)**
Wanda Brooks, Director
(910) 246-4898

**Western Carolina Center
(Morganton)**
Martha Warlick, Director
(704) 438-6591

Mountain Projects, Inc. (Waynesville)
Patsy Dowling, Director
(704) 452-1447 Ext. 12

**Department of Human Resources
(Kinston)**
Joan Outlaw, Director
(919) 559-5347

Wake County (Raleigh)
Sandra Carson, Director
(919) 831-6102

**Wayne Action Group for Economic Solvency
(Goldsboro)**
June Monk, Director
(919) 734-1178

NORTH CAROLINA SENIOR GAMES

North Carolina Senior Games is a statewide, year-round health promotion and education program for individuals 55 years of age and older. This wellness and prevention program focuses on keeping seniors healthy and independent and involved in a personal fitness program.

There are 51 regional Senior Games that serve all 100 counties across the State, as well as an annual State Finals. In 1996, over 35,000 participants were involved in 56 programs statewide. In addition to athletics, the organization also offers SilverArts - a literary, heritage, visual and performing arts program; SilverLiners - a senior line dancing association; SilverStriders - a national award-winning walking program; statewide workshops; leadership training for professionals; educational materials such as exercise posters; and health information. North Carolina Senior Games is supported by several major corporate sponsors, small businesses and many coordinating and endorsing agencies such as the Division of Aging, Health Services, Parks and Recreation, AARP, and the medical profession.

SILVERSTRIDERS

SilverStriders is North Carolina's statewide, national award-winning walking program for adults 50 years of age and older and is the most comprehensive of its kind in the nation. This walking program offers free log books for walkers to track their mileage and gifts and incentives to keep them motivated. It can be used by anyone who can walk. Speed does not matter. Log books are being used by long-term care facilities, hospitals, doctor's offices, senior centers, recreation departments, malls, and corporations as part of their pre-retirement programs. It has a broad application for many seniors who wish to remain healthy and active. SilverStriders was recognized by AARP and the United States Public Health Service as one of the top three health promotion programs in the nation for seniors.

Margot Raynor, Director, NCSG, Inc.
(919) 851-5456 (Phone or FAX)

Alamance-Burlington

Betsy Chandler
(910) 222-5030

Asheville-Buncombe

Bekky Thompson
(704) 252-6021

Blue Ridge

Wilkesboro
Gwenda Wagoner
(910) 651-8683

Brunswick County

Tina Pritchard
(910) 253-4357

Cabarrus County

(704) 788-9840

Carteret County

Deborah Pasteur
(919) 728-8401

Charlotte-Mecklenburg

Penney Hess
(704) 875-3211

Cleveland County

Tracy Davis
(704) 482-3488

Davie County

Mocksville-Coolesmeec

Kathy Streit
(704) 634-2325

Down East

Tarboro

Lynda Womble
(919) 641-4263

Durham

(919) 560-4613

**Four Seasons
Hendersonville**
Sandi Hosey
(704) 697-4884

Greater Greensboro
Cindy Hipp
(910) 373-2958

Greater High Point
Joyce Chambliss
(910) 883-3584

Greenville-Pitt
Alice Keene
(919) 830-4216

Haywood County
Lisa Summey
(704) 452-2370

High Country - Boone
Deb Wynne
(704) 264-9512

Johnston County
Larry Bailey
(919) 553-1550

**Land of Waterfalls
Brevard**
Chris Parker
(704) 884-3156

Lee County
Mary Owens
(919) 775-2107

Lumber River Regional
Millicent Strickland
(910) 618-5533

**Macon County
Franklin**
Guy Taylor
(704) 524-6421

Madison County
Marion Wallen
(704) 649-2722

McDowell County
Ralphia Newell
(704) 652-8953

Mid-Carolina - Pope AFB
Mary Ann Dolister
(910) 323-4191

Onslow
Mike Wetzel
(910) 347-5332

Orange County
Lisa Baaske
(919) 968-2784

**Outer Banks
Kill Devil Hills**
Lois Twyne
(919) 441-1181

**Piedmont Plus
Winston-Salem**
Edith Bailey
(910) 727-2505

Raleigh-Wake
Steve White
(919) 831-6850

Randolph County
Foster Hughes
(910) 626-1240

**Region K
Roxboro**
Dee Kirk
(910) 599-7484

**Region P
New Bern**
Chuck Barnard
(919) 444-6429

**Region R
Elizabeth City**
Lee Riddick
(919) 426-5753

**Rutherford County
Forest City**
Dianna Brooks
(704) 245-0515

Salisbury-Rowan
Merry Dobson
(704) 636-3120

Scotland County
Kathy Mitchell
(910) 277-2585

**Senior Games in the Pines
Southern Pines**
Pam Smith
(910) 692-7376

**Senior Games of Richmond
County
Hamlet-Rockingham**
Susan Sellers
(910) 582-7985

**Senior Games by the Sea
Wilmington**
Annette Crumpton
(910) 452-6400

**Smoky Mountain
Sylva**
Kathy Leigh-Lofquist
(704) 586-6333

**Stanly County
Albemarle**
Jody Floyd
(704) 983-7334

Statesville
Betty Millsaps
(704) 878-3433

**Swain County
Bryson City**
Steve Claxton
(704) 488-6159

**Thomasville-Davidson-
Lexington**
Thessia Everhart
(704) 242-2290

**Unifour
Hickory**
Harold Bebbler
(704) 322-9191

Union County
Tonya Edwards
(704) 843-3919

Wayne County
Stacia Fields
(919) 734-9397

Yadkin County
Camilla Doub
(910) 679-2567



NORTH CAROLINA HIGHER EDUCATION RESOURCES RELATED TO AGING

North Carolina's colleges and universities have distinguished themselves in the field of aging through their research, through interdisciplinary professional and post-graduate training programs, through undergraduate degree programs, through community-oriented service and technical assistance activities, and through clinical programs in medicine, dentistry, pharmacy, and nursing. The institutions of higher education in our State have fostered service programs in the aging field offering continuing educational programs for elders, for those who work with persons in this age group, and through innovative programs, such as those focusing on the special circumstances of retirement. These institutions have opened their doors through special programs offering access to the resources and life-long learning opportunities for older adults in our State.

Because North Carolina's population represents the second largest rural population among the 50 states and there is a long and distinguished history of rural health care research at the University of North Carolina at Chapel Hill, UNC-CH has been chosen as one of only four centers in the nation for the study of the special health problems of rural elderly populations. East Carolina University has also established a Center on Aging, housed in the School of Medicine, which has attracted over two million dollars in external support from foundations and the National Institutes of Health to support research on access to services and health care among rural eastern North Carolina elders. Duke University has developed, in addition to its internationally respected Center for Aging and Human Development, a new initiative in the field of long-term care policy. The University of North Carolina at Asheville has pioneered a new program on creative retirement, while the Reynolda Gerontology Program at Wake Forest University, UNC-Greensboro, UNC-Pembroke, Elizabeth City State University, and North Carolina State University all have developed expanded undergraduate curricula and/or special certificate and degree programs in gerontology. UNC-Charlotte offers a professional development program in gerontology for service providers as well as a Master's degree and graduate certificate program in gerontology. ASU also offers a Master's degree in gerontology and the ASSU Foundation and its Brian Center Corporation own and operate the Appalachian-Brian Residential Facility for Older Adults. In addition to its strong continuing education program (called ENCORE) for persons 50 and older, NC State University has developed a national research, information and technical assistance program in the School of Design. The program evaluates, develops, and promotes accessible and universal design to older consumers. It also provides consultation and working drawings for physically modifying the living conditions to accommodate elderly persons.

The UNC-Chapel Hill Schools of Medicine, Dentistry, Nursing, Social Work, Public Health, and Pharmacy all have special programs concentrating on the health care needs and clinical problems distinctive to older adult populations. In 1996, the General Assembly funded the new Institute of for Gerontology, housed at Chapel Hill, which will involve multiple public and private universities in conducting research and providing services and education on aging throughout the state. In addition, the Program on Aging of the School of Medicine coordinates, through the State's AHEC Program, an interdisciplinary team training program in eastern North Carolina whereby health professionals from several fields work in tandem to learn and to practice in the field of gerontology. Other units, such as the Institute of Government and Continuing Education, also provide services in this area.

Appalachian State University

Dr. Edward Folt
(704) 262-6358
Dr. Lorin Baumhover
(704) 262-2201

Barber-Scotia College

Mr. Charles R. Cox
(704) 786-5171 Ext. 407

Barton College

Dr. Walter R. Parker, Jr.
(919) 237-3161

Belmont Abbey College

Ms. Jo Singleton
Peter Lodge
(704) 825-3711

Campbell University

Dr. Joyce White, Dept. of Social Work
(919) 893-4111 Ext. 6111
Dr. Joyce Mallet, School of Pharmacy
(919) 893-4111 Ext. 3300
or (919) 383-9225 (Durham)

**Duke Institute for
Learning in Retirement**

Sarah Craven
(919) 684-6259

Duke University

George Maddox, Ph.D.
(919) 684-6118
Dr. Harvey J. Cohen
(919) 684-3654

East Carolina University

Dr. Jim Mitchell, Director Gerontology
(919) 757-6768

Elizabeth City State University

Ms. Deborah Reddick
(919) 335-3330

Elon College

Dr. Howard Higgs
(919) 584-2347

**Encore Program For Lifelong
Enrichment****North Carolina State University**

Dennis Jackson
(919) 515 5782

Fayetteville State University

Dr. Pinapaka V.L.N. Murthy
(919) 486-1691
Mr. Willie Beasley
(919) 486-1226

Gardner-Webb College

Ms. Deborah Reddick
(919) 335-3330

Guilford College

Elderhostel
Charlotte Weddle
(910) 316-2120

High Point College

Ms. Mary Anne Busch
(919) 841-9224

Johnson C. Smith University

Dr. Ruth L. Greene
(704) 378-1052

Lees-McRae College

Mr. Odell Smith
(704) 328-1741

Mars Hill College

Ken Sanchagrin
(704) 699-8011

North Carolina Central University

Dr. Karen Smith
(919) 560-5300
(919) 560-5200

NC Center for Creative Retirement

UNC-Asheville
Ron Manheimer
(704) 251-6140

North Carolina State University

Dr. J. Conrad Glass, Jr.
(919) 515-3590

Shaw University

Dr. Joseph L. Richardson
(919) 755-4824

UNC-Asheville

Dr. William H. Haas, III
(704) 251-6426

UNC-Chapel Hill

Dr. Gary M. Nelson (Sch. of Social Work)
(919) 962-1225

Dr. Mark E. Williams (Sch. of Medicine)
(919) 966-5945

Dr. Jo Ann Dalton, (Sch. of Nursing)
(919) 966-4269

Dr. Charles C. Pulliam (Sch. Of Pharmacy)
(919) 962-0070

Dr. Gordon H. DeFriese (Institute for
Gerontology)
(919) 966-7100

Dr. John Saxon (Institute of Government)
(919) 966-4289

UNC-Charlotte

Mr. James McGavran
(704) 547-4290

UNC-Greensboro

Dr. Marianna Newton
(919) 334-5932

Dr. Virginia Newbern
School of Nursing
(919) 334-5010

UNC-Pembroke

Stephen M. Marson
(919) 521-6211

UNC-Wilmington

Dr. Eleanor Maxwell
(919) 395-3435

Wake Forest University

Dr. John Earle
(919) 759-5494

Western Carolina University

Dr. Judith M. Stillion
(704) 227-7495

Dr. Nancy S. Betchart
(704) 227-7361

North Carolina Cooperative Extension Service

The North Carolina Cooperative Extension Service is an educational organization supported by federal, State, and county funds. It serves 100 North Carolina counties and the Cherokee Reservation. Extension agents in cooperative extension centers serve as field faculty of land grant universities. Agents deliver research-based informal educational programs addressing the priority concerns selected by each county's advisory system. Extension Specialists at North Carolina State University and North Carolina A & T University develop educational materials, as well as train and support the county staff.

A major focus of extension programs since 1988 has been planning for elder care -- the probability of future family caregiving responsibilities and the possibility (at any age) of personal dependency. An original video tape and brochure (available in every county) were developed to increase public awareness of in-home and community-based services for dependent older adults and their families, and to encourage families to gather essential information before a medical emergency limits available options. A series of fact sheets describe the specific consumer decisions which must be made in making arrangements for dependent elder care. These publications give individuals and families the information they need in planning for housing, health care and insurance, financial arrangements, legal authority to act for another (including advance medical directives), and other aspects of elder care. The link between planning for dependency and estate planning is emphasized in complementary publications and A-V materials from other sources.

Helping family members who are already serving as informal caregivers reduce the stress of coping with caregiving is a second major focus of extension programs. Volunteer outreach is taking place in counties with an aging network that supports the recruitment and training of volunteers to locate family caregivers who are unaware of local resources. The volunteers provide information to caregivers and/or time out from the stressful responsibilities of caregiving as volunteer information providers or volunteer adult sitters.

The Training Family Caregivers Program offers information and emotional support directly to caregivers. A month-long home study program on a variety of personal care topics is introduced at a group meeting that permits caregivers to share and discuss their concerns, and concludes with a group meeting presenting new extension materials that promote health care for caregivers and provide a community aging services resource fair. Interested caregivers are assisted in organizing a support group.

An additional focus of extension adult development programs is directed to aging and older adults who live alone, with programs and materials on a variety of ways to maintain their independence, nutrition, health promotion, lifecycle housing, adaptive devices, fabric and garment selection, resource management, and family relationships.

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North Carolina State University

NC State University has developed a strong continuing education program (ENCORE) for persons 50+ and the N.C. Cooperative Extension Service has offered programs on Eldercare to persons throughout the State.

The Center for Universal Design is part of the School of Design at NC State University. The Center is a national research, information and technical assistance program that evaluates, develops and promotes accessible and universal design in buildings and related products. The Center develops publications and instructional materials, and provides information, referrals and technical assistance nationally to people with disabilities, older consumers and professionals.

The Center offers services to older individuals in the areas of technical assistance and training. More specifically, the Center, through its Home Modification Clinic, can assist a family in determining how to design and construct the necessary modifications to make a home more livable by an older family member. This may include widening doorways, adding ramps, or making the bathroom or kitchen more accessible. The Center can produce working drawings that can then be used by a contractor or builder. In addition, through its SAMI training program, the Center can demonstrate the types of low-cost, low technology products that make things easier for older consumers at home. This can include reachers, adapted light switches, door extenders, raised handle cooking utensils, and other household devices. This training provides hands-on opportunities with many of the products, and participants leave with demonstration kits and resource information.

North Carolina Cooperative Extension Service
North Carolina State University
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The Center for Universal Design
School of Design
Dr. Lawrence H. Trachtman
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Area Health Education Centers Program (AHEC)

The AHEC program seeks to improve the supply, distribution, and quality of health care professionals in North Carolina through its ten regional centers. AHEC works with the State's four university medical centers to sponsor a wide range of educational activities related to health manpower development, including community training for health science students, medical residency training programs in primary care, continuing education and information services. AHEC was created in 1972 by the School of Medicine at UNC-CH and funded with a

federal grant. In 1974, the General Assembly expanded the AHEC program and took over its funding. Today the program is funded about equally from State and local sources and is administered by the Dean of the UNC-CH School of Medicine.

Program activities fall into three broad categories: community-based training for health professional students and medical residents; health professions continuing education; and information services for health care agencies and professionals.

AHEC activities are focused on the supply, distribution, and education of health care professionals. The nine regional centers work within their regions to assess the education and training needs of the health professionals and agencies serving older adults, including long-term care facilities. They then develop education programming to meet those needs.

Dr. Thomas Bacon, Director
(919) 966-2461

Area L AHEC
Dr. David M. Webb
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Charlotte AHEC
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APPENDIX A

ARTICLE 21.

The North Carolina Study Commission on Aging.

§ 120-180. Commission; creation.

The North Carolina Study Commission on Aging is created to study and evaluate the existing system of delivery of State services to older adults and to recommend an improved system of delivery to meet the present and future needs of older adults. This study shall be a continuing one and the evaluation ongoing, as the population of older citizens grows and as old problems faced by older citizens magnify and are augmented by new problems.

§ 120-181. Commission; duties.

The Commission shall study the issues of availability and accessibility of health, mental health, social, and other services needed by older adults. In making this study the Commission shall:

- (1) Study the needs of older adults in North Carolina;
- (2) Assess the current status of the adequacy and of the delivery of health, mental health, social, and other services to older adults;
- (3) Collect current and long range data on the older adult population and disseminate this data on an ongoing basis to agencies and organizations that are concerned with the needs of older adults;
- (4) Develop a comprehensive data base relating to older adults, which may be used to facilitate both short and long range agency planning for services for older adults and for delivery of these services;
- (5) Document and review requests of federal, State, regional, and local governments for legislation or appropriations for services for older adults, and make recommendations after review;
- (6) Evaluate long-term health care and its non-institutional alternatives;
- (7) Propose a plan for the development and delivery of State services for older adults that, if implemented, would, over 10 years, result in a comprehensive, cost-effective system of services for older adults;
- (8) Study all issues and aspects of gerontological concerns and problems, including but not limited to Alzheimer's Disease; and
- (9) Carry out any other evaluations the Commission considers necessary to perform its mandate.

§ 120-182. Commission; membership.

The Commission shall consist of 17 members, as follows:

- (1) The Secretary of the Department of Human Resources or his delegate shall serve ex officio as a non-voting member;
- (2) Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and

- (3) Eight shall be appointed by the President Pro Tempore of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualifications. All initial appointments shall be made within one calendar month from the effective date of this Article. Members' terms shall last for two years. Members may be reappointed for two consecutive terms and may be appointed again after having been off the Commission for two years.

§ 120-183. Commission; meetings.

The Commission shall have its initial meeting no later than October 1, 1987, at the call of the President of the Senate and Speaker of the House. The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall appoint a cochairman each from the membership of the Commission. The Commission shall meet upon the call of the cochairmen.

§ 120-184. Commission; reimbursement.

The Commission members shall receive no salary as a result of serving on the Commission but shall receive necessary subsistence and travel expenses in accordance with the provisions of G.S. 120-3.1, G.S. 138-5 and G.S. 138-6, as applicable.

§ 120-185. Commission; public hearings.

The Commission may hold public meetings across the State to solicit public input with respect to the issues of aging in North Carolina.

§ 120-186. Commission; authority.

The Commission has the authority to obtain information and data from all State officers, agents, agencies and departments, while in discharge of its duties, pursuant to the provisions of G.S. 120-19, as if it were a committee of the General Assembly. The Commission shall also have the authority to call witnesses, compel testimony relevant to any matter properly before the Commission, and subpoena records and documents, provided that any patient record shall have patient identifying information removed. The provisions of G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Commission as if it were a joint committee of the General Assembly. In addition to the other signatures required for the issuance of a subpoena under this section, the subpoena shall also be signed by the cochairmen of the Commission. Any cost of providing information to the Commission not covered by G.S. 120-19.3 may be reimbursed by the Commission from funds appropriated to it for its continuing study.

§ 120-186.1. Commission; Alzheimer's Subcommittee, Long-Term Care Subcommittee, and other subcommittees.

- (a) The Commission cochairs shall appoint subcommittees as needed to assist with the completion of the work of the Commission. These subcommittees may include an Alzheimer's Subcommittee, a Long-Term Care Subcommittee, or other special subject subcommittees. The cochairs shall appoint as members of any subcommittee not more than four Commission members and at least four but no more than six non-Commission members.

(b) The Commission cochairs shall prescribe the duties of any subcommittee created. Duties of the Alzheimer's Subcommittee may include conduction studies on the availability and efficacy of currently existing geriatric or memory disorder services and programs, advising the Commission on matters regarding Alzheimer's services and programs, and recommending to the Commission solutions to related problems. Duties of the Long-Term Care Subcommittee may include developing a long-term care policy for the State that has at least the following elements:

- (1) Promotes elder independence, choice and dignity;
- (2) Provides a seamless, uniform system of flexible and responsive services;
- (3) Provides single-entry access;
- (4) Includes a wide range of home and community-based services available to all elderly who need them but targeted primarily to the most frail, needy elderly;
- (5) Provides care and services at the least expense in the least confusing manner and based on the desires of the elder population and their families;
- (6) Expands Medicaid income eligibility to allow more services in the home and community;
- (7) Creates a single agency and budget stream to administer services to the elderly; and
- (8) Approaches long-term care within the context of the entire health care system.

§ 120-187. Commission; reports.

The Commission shall report to the General Assembly and the Governor the results of its study and recommendations. A written report shall be submitted to each biennial session of the General Assembly at its convening.

§ 120-188. Commission; staff; meeting place.

The Commission may contract for clerical or professional staff or for any other services it may require in the course of its on-going study. At the request of the Commission, the Legislative Services Commission may supply members of the staff of the Legislative Services Office and clerical assistance to the Commission as the Legislative Services Commission considers appropriate.

The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building.



APPENDIX B

NORTH CAROLINA GENERAL ASSEMBLY SIGNIFICANT LEGISLATION FOR THE ELDERLY 1977 THROUGH 1994

Since 1977, legislation for the elderly has addressed a number of broad areas of concern such as: health care, taxation, employment retirement benefit packages, and social programs. The following summary lists legislation chronologically and provides a brief description of each bill. Continuation budget items and special appropriations are not included.

BILLS

1977

Nursing home bill of rights was passed to assure quality of life for 20,000 patients occupying intermediate and skilled care beds in North Carolina. (H 532, Ch. 242)

Excluded homestead property belonging to elderly and disabled persons with incomes below \$9,000 per year **from ad valorem taxes**; first \$7,500 of assessed value exempted from property tax. (H 21, Ch. 666)

Prohibited discriminatory hiring practices based upon race, color, religion, national origin, age, sex or handicap. (S 459, Ch. 720)

Permitted **school cafeterias to be used for purposes other than school functions** such as senior citizen programs. (H 83, Ch. 599)

Created the Division on Aging in the Department of Human Resources to pursue solutions to problems facing the elderly (H 531, Ch. 242) and appropriated **funds to establish Division on Aging**. (H 532, Ch. 960)

Authorized municipalities to undertake programs for the elderly. (H 535, Ch. 187)

Authorized elderly to attend classes **tuition-free** at state-supported institutions of higher education, community colleges and technical institutes. (H 842, Ch. 981)

1978

Appropriated \$42,500 in funds for **training Nursing Home Advisory Committee** members. (H 1540, Ch. 1255)

Required **home health services** to be provided in every county. (S 931, Ch. 1184)

Modified eligibility standard for **medically-needy** recipients of Medicaid. (S 1028, Ch. 1228)

Created Nursing Home Advisory Committees. (H 1547, Ch. 1192)

Permitted boards of education to **allow school buses to be used by senior citizen groups.** (H 1542, Ch. 1280)

1979

Appropriated **\$300,000 for a home-maker/home health aide** demonstration program and **\$6 million per year for in-home services** including adult day care, chore services, homemaker/home health aid services.

Added mobile homes to the definition of homestead property excluded from ad valorem tax. (H 22, Ch. 846)

Allowed homeowners, age 55 and older a **once-in-a-lifetime tax exclusion** of up to \$100,000 of capital gains on the sale of their principal residence. (H 67, Ch. 801)

Simplified **procedural time frames for homestead exclusion** for elderly and disabled. (S 203, Ch. 356)

Raised the mandatory retirement age to age 70 for State and local employees and allowed for continued service beyond age 70. (H 65, Ch. 862)

Eliminated the age limit on day care center employees. (H 68, Ch. 9)

Adopted **Policy Act for the Aging** which outlines policy goals for programs for the elderly. (H 219, Ch. 983)

Exempted charter bus operations for senior citizen groups from rate regulation and route certification procedures. (H 607, Ch. 204)

Extended voting hours for the elderly and disabled. (H 629, Ch. 425)

1980

Made jury service optional for persons age 65 and older. (S 965, Ch. 1207)

1981

Created a pre-admission screening program for persons at risk of institutionalization to determine if the individual can remain at home with the provision of in-home services; appropriated funds (\$50,000) to DHR to establish a comprehensive screening program. (H 1376; Ch 1120) By the end of 1984, 20 counties to be participating in the project with several hundred thousand in State funds. (H 405, Ch. 675)

Enacted **standards for sale of Medicare supplemental insurance** to protect elderly consumers. (S 449, Ch. 503)

Placed **moratorium on issuance of certificates of need** for the construction of nursing home beds. (H 675, Ch. 667)

Appropriated \$390,000 for **adult day care services**. (S 727, Ch. 1048)

Domiciliary home patient's bill of rights. (H 1098, Ch. 928)

Excluded a person's home and adjoining property (if valued under \$12,000) when determining eligibility for State county medical assistance. (H 1216, Ch. 849)

Increased homestead exemption from \$7,500 of assessed value to \$8,500 of assessed value. (H 5, Ch. 1052)

Extended deadline to apply for **homestead exemption** (H 14, Ch. 28) and simplified application procedures for **homestead exemption**. (S 39, Ch. 54)

Amended entry **age restrictions in the Teachers - State Employees Retirement System** and allowed purchase of past service credits. (H 1274, Ch. 1396)

Simplified procedures for requesting **exemption from jury duty** by the elderly. (S 38, Ch. 9; S 39, Ch. 54)

Raised **punishment for assault** on the handicapped. (S 40, Ch. 780)

Recodified social service laws detailing policies, programs and procedures on behalf of adults in need of protective services. (S 153, Ch. 273)

Eliminated barriers to coordinating human service volunteer transportation. (H 1229, Ch. 792)

Appropriated \$65,000 to provide one-time grants to **senior citizen centers** across North Carolina. (H 1392, Ch. 1127)

1982

Appropriated **\$50,000 to Wake County** to establish a comprehensive screening program for the elderly. (H 1340, Ch. 1284)

Increased retirement formula for local employees retirement system. (H 1340, Ch. 1284)

1983

Created a Domiciliary Home Community Advisory Committee and provided for training to committee members. (S 18, Ch. 88)

Eliminated "deeming" income or assets of the spouse when determining Medicaid eligibility for a person who is at risk of institutionalization. (S 23, Ch. 761)

Authorized **study of "life care" centers** to determine if there are sufficient legal protections for the elderly who subscribe to them. (H 1142, Ch. 05)

Appropriated **\$100,000 to fund State Adult Day Care Programs.** (S 552, Ch. 876)

1985

Provided broad-based tax relief to North Carolina citizens. (H 222, Ch. 656)

Intangibles Tax - Exempted money on deposit in banks, money on hand, funds on deposit with insurance companies and short term cash balances held by stock and bond brokerage companies; effective January 1, 1985

Inheritance Tax - Exempted most spouses from the inheritance tax effective August 1, 1985; exemption would rise to \$500,000 by 1989.

Gift Tax - Exempted gifts between spouses from gift tax and increased lifetime exemption from \$30,000 to \$100,000.

Income Tax - Provided a new income tax credit of \$25 for returns up to \$5,000; \$20 for returns from \$5,000 to \$10,000; and \$15 for returns of \$10,000 to \$15,000

Sales Tax on Funerals - Increased the State and local sales tax exemption for funerals from \$150 to \$1,500

Food Stamp Purchases - Exempted food purchased with food stamps from State sales tax.

Homestead Exemption - Increased the property tax homestead exemption from \$8,500 to \$10,000 and qualifying income limit from \$9,000 to \$10,000 in January 1986; in 1987 exemption increased to \$12,000 on an income of \$11,000

Removed the reporting requirements for estates of less than \$100,000. (H 6, Ch. 82)

Allowed **spouses to use each others \$3,000 annual exclusion from gift tax** only if both are North Carolina residents when gift is made. Consent to share exclusion with spouse must be given on timely filed gift tax return and is irrevocable. (H 46, Ch. 86)

Eliminated the necessity of obtaining an **inheritance tax waiver** for securities declared and interest accruing after the decedent's death. (H 50, Ch. 87)

Required the Department of Human Resources to **inspect and certify adult day care programs.** (H 151, Ch. 67)

Improved Adult Protective Services Law to allow access by the county social services director to records kept by an individual, facility, or agency that is acting as a caretaker; gave county social services director the authority to conduct a private interview with a disabled adult who has been reported to be abused, neglected, or exploited. (H 665, Ch. 658)

Established that it is not an unreasonable preference or advantage for the Utilities Commission to order **waiver of fees or lifeline rates** for low income residential subscribers of local telephone services. (H 1010, Ch. 694)

1986

Appropriated in H 2055:

\$375,000 for **home health care for indigents** to provide skilled nursing, therapy, home health aide, medical social services, durable medical equipment and supplies to indigent patients who are homebound.

\$737,000 to **increase the number of adult day care slots** by 190 additional people.

\$350,000 for new program called "**Respite Care**" to help relieve family members who ordinarily care for the elderly patient by giving a short break or respite.

\$750,000 to increase the **personal needs allowance from \$29-\$34** for residents of rest homes who participate in the State/county special assistance program.

1987

Provided **tax exemption of personal and real property for certain retirement communities.** (H 318, Ch. 356)

Exempted motorized wheelchairs and similar vehicles not exceeding 1,000 pounds from registration card titling requirements. (H 551, Ch. 157)

Allowed a **\$4,000 income tax exemption for all public sector retirees**; increased retirement formula for State and local retirees; provided **\$2,000 tax exemption for private sector retirees.** (H 1311, Ch. 792)

Required that prior to execution of a contract to provide **continuing care, the provider shall make an adequate disclosure statement** to the purchaser of the contract; escrow accounts are required. (S 78, Ch. 83)

Established **performance and disclosure standards for long-term care insurance policies.** (S 462, Ch. 331)

Established fund with \$19.6 million from a federal lawsuit, for local housing authorities, municipalities, and others to **assist the poor in finding places to live.** (S 738, Ch. 841)

Limited liability of a director, trustee or officer of a religious society, a fraternal society or order, or non-profit corporation; the immunity is personal to the directors, trustees and officers and does not immunize the corporation for liability for acts or omissions of the directors, trustees or officers. (S 771, Ch. 799)

Allowed counties to develop a **single portal of entry, a consolidated case management system, and a common data base for human services.** (S 868, Ch. 422)

Made it unlawful for any person to intentionally **abuse a patient at a health care facility or a resident of a resident care facility**; provides penalties. (H 354, Ch. 527)

Allowed **curbside voting** during the entire time the polls are open. (H 494, Ch. 300)

Required the State Board of Elections to issue rules to assure that any handicapped or elderly voter assigned to an inaccessible voting place will be assigned to an **accessible voting place**. (H 549, Ch. 465)

Provided **qualified immunity from civil liability from libel** for members of nursing home and domiciliary home advisory committees. (H 663, Ch. 682)

Created a new Chapter G.S. 35A which establishes a **simplified uniform statutory structure and procedure for adjudication of incompetence** and appointment of guardians. (H 954, Ch. 550)

Increased the **permissible amount of funeral expenses** against an estate from \$1,000 to \$2,000. (H 1029, Ch. 286)

Revised and made more stringent penalties for **violations by nursing and domiciliary care homes**. (H 1057, Ch. 600)

Required the development of a **statewide aging policy** plan documenting ways in which the State can best meet the needs of the aged. (H 1159, Ch. 289)

Provided **first available bed priority** for nursing home patients temporarily absent from a nursing facility due to a hospital stay. (H 1065, Ch. 1080)

Established the independent **Study Commission on Aging Part XIII** with an appropriation on aging. (H 1350, Ch. 873)

Improved **solvency protection of health maintenance organizations** and established net worth definitions and financial criteria. (H 683, Ch. 631)

Prohibited certain unfair methods of competition in the **advertising and sale of insurance**, and required the fair representation of policy benefits in Medicare Supplement policies. (H 773, Ch. 787)

1988

Increased the **annual State income tax exclusion for federal employee retirement programs** from \$3,000 per year to \$4,000 per year.(H 142, Ch. 892)

Increased the **retirement formula** for members of the Teachers and State Employees Retirement System and the Local Government Employees Retirement System. (S 661, Ch. 1110)

Appropriated more than \$6.5 million to fund a three-part package to **foster a better system of community-based help**. One part provided transportation assistance; second part focused on in-home and community-based care for the elderly and made an attempt to put together a coordinated system of these services; third part appropriated money for renovation of a facility for persons with Alzheimer's. (S 1559, Ch. 1095)

Used \$327,424 from Social Services Block Grant to **continue Respite Care Program** which attempts to avoid the complete institutionalization of older adults. (H 2641, Ch. 1086)

1989

Required the Division of Aging to submit to the General Assembly every two years a **plan for serving older adults** including an analysis of needs, current services, and specific recommendations for expanding services and funding. (H 69, Ch. 52)

Required that the **Division of Aging serve as the lead agency to ensure that adequate data** are available regarding the elderly. (H 70, Ch. 695)

Amended the statute creating the North Carolina Study Commission on Aging to include the requirement that an **Alzheimer's Subcommittee** be a permanent part of the Commission. (H 258, Ch. 368)

Established within the Department of Human Resources an Advisory Committee of 25 members to recommend to the Secretary and to the General Assembly strategies for **improving in-home and community-based care** for older adults. (H 1008, Ch. 457)

Formally established the long-term care **ombudsman program** office in the Division of Aging; set functions and duties; established regional ombudsmen in each area Agency on Aging whose duties include complaint resolution and public education. Complainant's identity confidential; retaliation prohibited. (S 80, Ch. 403)

Amended the description of duties and membership of the committee that reviews **finances for nursing homes and rest homes**; membership set at nine. (H 76, Ch. 556)

Required the Department of Human Resources to **follow up on promises made by recipients of certificate of need** because the process is very competitive and the decision to award CON by the State is based on representations contained in the application; Department shall obtain evidence from recipients that the facility is operating in material compliance with the application for the CON. (H 1082, Ch. 233)

Improved long-term care insurance coverage for elderly; standards established by the 1987 General Assembly strengthened in 1989 and made more consistent with other states. (S 503, Ch. 207)

Made changes in the 1987 statutes regulating **continuing care centers**; removed the act from the Department of Human Resources and placed in Chapter 58 related to the Department of Insurance; changed from being self-regulated to being subject to licensure by Insurance Commissioner. (S 519, Ch. 758)

Required the **Division of Aging** serve as information clearinghouse regarding education and training programs about and for the elderly. (H 74, Ch. 696)

Required the **Department of Human Resources** to formulate **Social Services Plan** for each county including cost estimates, timetables, standards, financing responsibilities, and supervision and enforcement mechanisms and to present the plan to the 1990 General Assembly. (H 141, Ch. 448)

Added a provision to the **Nursing Home Patients' Bill of Rights** that the patient or patient's family or guardian be notified when a facility is issued a provisional license or notice of revocation of a license. (H 174, Ch. 75)

Conformed State individual **income tax to the federal income tax law** to simplify calculation of the tax. Modernized the tax system and adjusted for inflation by increasing personal exemptions and the standard deduction. Reduced taxes for approximately 65% of low to moderate income taxpayers and increased to some extent for the remaining taxpayers. (S 51, Ch. 728)

Authorized the Department of Human Resources to petition the Utilities Commission for the creation of special telephone dual party relay services for the deaf and speech impaired; system to be funded with a surcharge on all residential and business local exchange access facilities. (H 1186, Ch. 599)

Required **temporary nursing pools to obtain licenses** from the Department of Human Resources and to comply with the North Carolina Medical Care Commission rules which regulate supervisory structure, employee training, and quality control; Commission must ensure proper licensing and professional liability insurance coverage. (S 245, Ch. 744)

Clarified restrictions of **transfer of property for the purpose of obtaining Medicaid coverage** as enacted in 1981 to apply only to transfers made before July 1, 1988; for those after July 1, 1988, the federal Medicare Catastrophic Coverage Act of 1988 will apply. Does not prohibit transfers of property for people living at home; prohibits transfers for nursing home residents made within 30 months prior to Medicaid application. (H 657, Ch. 120)

Revised the minimum standards for **Medicare supplement insurance policies**; **authorized the Commissioner of Insurance to adopt rules establishing standards** for policy provisions, benefits and claims payment, and low ratios of policies on the basis of incurred claims experience or incurred health care expenses and earned premiums; required that applicant receive full and fair disclosure; provided for a 30-day period within which an applicant may return a policy for full refund. (S 446, Ch. 729)

1990

Changed the reporting date that the Department of Human Resources has to report its plan for social services in each county from the convening of the 1990 Session to the Convening of the 1991 Session of the General Assembly. (S 1443, Ch. 868)

Amended the statutes on **hunting licenses and hook-and-line fishing licenses** to provide a lifetime combination hunting and fishing license for an individual State resident who reaches the age of 70. (H 2091, Ch. 909)

Provided **complimentary lifetime hook-and-line fishing licenses** to individual residents of rest homes. (H 2092, Ch. 926)

1991

Requires the Medical Core commission, which makes rules for nursing homes, and the Social Services Commission, which makes rules for rest homes to **develop rules containing standards for special care units for Alzheimer's Disease** and related dementia. (H 75, Ch. 222)

Gives authority to the Social Services Commission to **establish personnel requirements for staff in rest homes**. Any requirement that proposes additional costs must be reviewed by the commission on Governmental Operations. (H 204, Ch. 462)

Changed **Respite Care Program to expand eligibility** for services to include persons 60 or older caring for persons 18 and over **and eliminates ceiling on maximum allowable hours**. (H 505, Ch. 332)

Required Secretary of the Department of Human Resources to **report on consolidation of rest home functions** under the Division of Facility Services. (S 102, Ch. 41)

Requires Department of Human Resources to **study certain issues related to state reimbursement of rest homes**. (S 158, Ch. 32)

Requires the **state-level staff of the Penalty Review Committee to complete its review of penalty recommendations** from local departments of social services **within 60 days of receipt**. (S 161, Ch. 66)

Requires that **rest homes** obtain an **independent certification of cost report** before reporting information to the Department of Human Resources. (S 164, Ch. 89)

Establishes a Home and Community Block Grant administered by the Division of Aging which coordinates existing funding under the Older Americans Act State funds for home and community-based services and portions of in-home and adult day-care funds. (S 165, Ch. 241)

Gives the Division of Aging authority to **establish a sliding fee schedule** based on type of service and income. (S 166, Ch. 52)

Shortens the appeals time frame in certain contested rest home cases and allows the Department of Human Resources to issue a provisional license with the right of an administrative hearing under certain provisions. (S 257, Ch. 572)

Makes changes in **nursing home administrator qualifications** to recognize service as an administrator for hospital based long term care. (S 760, Ch. 710)

1992

Expands uniform chart of accounts and cost and revenue **reporting requirements** to all types of **rest homes**. (S 1082, Ch. 928)

Effective July 1, 1992, the rest home reimbursement rate increases from \$843 to \$889 for ambulatory residents and from \$882 to \$928 for semiconductor residents. (H 1340, Ch. 900, Sec. 144)

1993

Increased the homestead exemption amount from \$12,000 to \$15,000 and made numerous technical changes to the homestead exemption statutes. (HB 105; Chapter 360)

Increased the number of members on the **Council for the Deaf and the Hard of Hearing** from 15 to 23 and included one member of the House appointed by the Speaker, one member of the Senate appointed by the President Pro Tempore, and six appointed by the Secretary of DHR--one from the Division of Vocational Rehabilitation, one from the Division of Aging, one from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, one from the Division of Social Services, one from a NC Chapter of SHHH (Self Help for the Hard of Hearing), and one from SPEAK (Statewide Parents' Education and Advocacy for Kids). (HB 505; Chapter 551)

Clarified the **Medical Care Commission's rule-making authority** and enforcement authority of Nursing Home Patients' Bill of Rights upon the recommendation of the Department of Human Resources upon the advice of the Attorney General's Office. The Department has been challenged on its lack of authority to cite nursing home patients' rights violations in the administrative penalty determination and enforcement process. G.S. 131E sets out a statement of policy and requirements imposed on licensed nursing homes guaranteeing every patient's civil and religious liberties and includes provisions for remedial enforcement allowing for injunctive relief and/or license revocation and administrative penalties. These technical changes prevent the possibility of the dismissal of cases on the basis of lack of authority. (HB 587; Chapter 499)

Appropriated \$300,000 for 93-94 for the purpose of maintenance, renovation, and upkeep of **Senior Citizen Centers**. Funds shall be allocated based on need and no center shall receive more than \$10,000. (SB 26; Chapter 561, § 6)

Appropriated \$3 million for the State's share of construction of the **State Veterans Home** in Fayetteville and stipulated that funds shall be used to construct at least 150 beds at the facility. Specified the GA's intent that this appropriation be the complete appropriation for this facility and that no additional State capital funds be appropriated, and further that no State funds be appropriated in future years to support operational costs. (SB 26; Chapter 561, § 31)

Renamed the North Carolina Elderly and Handicapped Transportation Assistance Program to the **North Carolina Elderly and Disabled Transportation Assistance Program**. (SB 27; Chapter 321, § 147)

Rest home reimbursement rate increased as follows--ambulatory residents from \$889 to \$938 per month and semi-ambulatory residents from \$928 to \$979 per month. (SB 27; Chapter 321, § 239)

Directed DHR to develop a **payment methodology for domiciliary care**. There have been several attempts to improve the rest home reimbursement process and methodology. Most recently, in 1991 the GA authorized DHR to study the issue of how the Special Assistance Program reimbursement process could be improved. When the report was issued, it did not contain any recommendations related to reimbursement. After hearing testimony in 1992, the NC Study Commission on Aging determined that there may be a different method of rate setting that would be more beneficial to the State and to care providers and that would also more directly reflect costs incurred and services provided. Hence, the Commission recommended DHR develop a payment plan. (SB 27; Chapter 321, § 240)

Designated that each year of the biennium, \$1,008,000 of the Division of Aging's funds is to be used for services that **support family caregivers of elderly persons** with functional disabilities who want to stay in their homes rather than be institutionalized, but who need assistance. (SB 27; Chapter 321, § 243)

Increased funds to improve the provision of **in-home aide services and caregiver support services** by an additional \$1 million for each year of the biennium. This increase will enable some individuals to remain in their communities who might otherwise need institutional care. Some of the services provided are respite care, home-delivered meals, adult day care, medical transportation, senior companion, and mental health counseling. (SB 27; Chapter 321)

Designated \$403,800 of funds appropriated to DHR's Division of Aging for each fiscal year of the biennium to be used to enhance **senior center programs**--to test satellite services provided by existing senior centers to unserved or underserved areas and to provide start-up funds for new senior centers. (SB 27; Chapter 321, § 244)

Increased State funds for the **Long Term Care Ombudsman Program** by \$256,493 for 93-94 and \$318,275 for 94-95 which provides for additional staffing to resolve complaints made by or on behalf of residents in long-term care facilities--skilled nursing homes, intermediate care homes, homes for the aged, family care homes, and group homes for developmentally disabled adults. Ombudsmen are located with the local Council of Governments throughout the State and are administered under the Division of Aging. (SB 27; Chapter 321)

Created the **Senior Tar Heel Legislature** within the Department of Human Resources' Division of Aging. The purpose of the Senior Tar Heel Legislature is to provide information and education to senior citizens on the legislative process and matters being considered by the General Assembly; to promote citizen involvement and advocacy concerning aging issues before the General Assembly; and to assess the legislative needs of older citizens by convening a forum modeled after the General Assembly. The body is to meet annually beginning in March of 1994, but is to hold its first session no later than August 1993. Delegates are to be age 60 or over and are to be selected locally under the organization and coordination of the Division of Aging and the Area Agencies on Aging with the Division of Aging providing staffing. (SB 479; Chapter 503)

Amended G.S. 131E-102(c) to prohibit a **nursing home license** from being renewed if outstanding fees and penalties imposed by the State against the home have not been paid. Fines and penalties under appeal are exempt. The bill also amends G.S. 131D-2(b) to add a similar provision for annual renewal of license for domiciliary homes and to require that license renewal application must contain all necessary information that the Department of Human Resources may require by rule. Applies to renewals on or after October 1, 1993. (SB 575; Chapter 530)

Created a new G.S. 131E, Article 13, which provides for **temporary management of nursing homes and domiciliary homes**. Permits DHR to petition superior court to appoint a temporary manager of any such facility upon showing that existing conditions create substantial risk of death or serious physical harm, that death has already resulted, that the facility is unlicensed or the license has been revoked, or that the facility is closed or about to be closed and either there are no arrangements for relocating residents, quick relocation would not be in the best interest of residents, or the facility has failed to comply with previous court order. Temporary managers are required to be DHR employees or to come from list of qualified persons maintained by DHR. Court is required to review the need for a temporary manager every 30 days and to approve projects to eliminate or correct deficiencies when costs exceed \$1,000. The temporary manager has full power to operate facility, to void leases, mortgages, and other contracts of facility if costs are unreasonable. DHR is directed to establish temporary management contingency fund of up to \$500,000 from penalties collected for violations. The court is permitted to order DHR to use moneys to operate homes under temporary management if operating costs exceed revenues and to review costs of temporary management. Regular operator is to reimburse contingency fund if funds are available or liens on property and funds of facility are directed to DHR for cost of temporary management. (SB 842; Chapter 390)

1994

Changed **Nursing Home Penalty Review Committee** membership. G. S. 131D-34(h) requires the Secretary of the Department of Human Resources to establish a Penalty Review Committee. This Committee has the responsibility to review administrative penalties assessed against nursing and rest homes who violate applicable State and federal laws and regulations. The Committee is composed of nine members appointed by the Secretary. Four are designated by statute to include a licensed pharmacist, a registered nurse experienced in long term care, a representative of a nursing home and a representative of a rest home. Previously, five of the members were undesignated to be chosen by the Secretary. Changed two of the formerly undesignated slots to the designation of a near relative of a nursing home patient and a near relative of a domiciliary home patient. The Secretary would choose these two near relatives from a list prepared by the Office of the State Long Term Care Ombudsman. A near relative is defined as a spouse, sibling, parent, child, grandparent, or grandchild of a resident of patient. (HB 740; Chapter 698)

Made it unlawful to own or manage a place of business from which **medical equipment** is delivered to a consumer for the consumer's use in the home without registering the business with the Board of Pharmacy and obtaining a medical equipment permit. However, a business that has a current pharmacy permit or a current device permit would not need a medical equipment permit. Defined medical equipment as the following equipment that is intended for use by the consumer in the consumer's home: a device as defined in G.S. 90-85.3, ambulation assistance equipment, mobility equipment, rehabilitation seating, oxygen and respiratory care

equipment, rehabilitation environmental control equipment, diagnostic equipment, or a bed prescribed by a physician to treat or alleviate a medical condition. The term does not include: medical equipment dispensed by hospitals, home care agencies, or nursing facilities, medical equipment used or dispensed by professionals licensed under Chapter 90 or Chapter 93D, upper and lower extremity prosthetics and related orthotics, or canes, crutches, walkers, and bathtub grab bars. (HB 1082; Chapter 692)

Appropriated to the UNC Board of Governors \$50,000 to provide program planning funds for an inter-institutional **Center for Gerontology**. (SB 1505; Chapter 769)

Appropriated \$100,000 of nonrecurring funds to the Division of Aging for **senior center repairs, renovation, and construction** of facilities. (SB 1505; Chapter 769)

Appropriated an additional \$500,000 to the Division of Aging for **in-home services**. This is in addition to \$10.8 million continuing funding for the 1994-95 fiscal year. (SB 1505; Chapter 769)

Appropriated \$1.875 in reserve to match Medicaid funds for the provision of **mental health services to residents in domiciliary care facilities**. (SB 1505; Chapter 769)

Modified previous language to allow that the **State Veterans Home** shall receive its primary income from fees, charges, and reimbursements, and that State appropriated funds be made available only in the event that other sources are insufficient to cover essential operating costs. (SB 1505; Chapter 769; Section 11.4)

Appropriated \$100,000 to the Division of Aging to be used to support services delivered to Alzheimer's patients and their families. These funds are to be allocated to each of the **four Alzheimer's association chapters** in North Carolina in grants of \$25,000 each. (SB 1505; Chapter 769; § 25.50)

Extended the date the **Governor is to present a plan** for consolidating all of the State's health functions into one department of health to February 1, 1995. (SB 1505; Chapter 769; § 25.51 and HB 1319; Chapter 771; Part VI)

Required the Secretary of the Department of Human Resources to report the findings and recommendations from the Department of Human Resources' Steering Team for Domiciliary Care that relate to **assisted living issues** to the North Carolina Health Planning Commission and the North Carolina Study Commission on Aging. (SB 31; Chapter 743)

Appropriated \$469,876 to increase the **personal needs allowance** for residents of domiciliary facilities from the current \$27 to \$31 per month. (SB 1505; Chapter 769)

Required the Department of Human Resources to **study the fiscal impact for all Homes for the Aged and Family Care Homes** for appropriate staffing, staff turnover ratios, wages and benefits, staff training, and abilities for facilities to operate within existing State and federal law and regulations, according to size and type of facility. (SB 1505; Chapter 769; § 25.6)

Required the Department of Human Resources to develop policy criteria, and standards for planning, conduct inventories, and make determinations of need for health services facilities,

domiciliary care facilities and other assisted living arrangements subject to any State licensing requirements in order for the General Assembly to determine the **budgetary impact of additional beds in domiciliary care facilities**. The plans and need determinations shall not be included in the State Medical Facilities Plan. (SB 1505; Chapter 769; Section 25.22)

Required that DHR continue the development of the **rate-setting methodology of domiciliary care facilities** proposed in an interim report by the Department to the 1993 General Assembly, Regular Session 1994. The final plan shall include the recommended maximum payment rate for each category of facility and any recommendations regarding needed changes in standards or monitoring. The final plan shall be submitted to the General Assembly by February 1, 1995. (SB 1505; Chapter 769; Section 25.24)

Increased domiciliary care reimbursement rate: maximum monthly rate for residents in domiciliary care facilities is \$975 per month for ambulatory residents and \$1,017 per month for semiambulatory residents. This is an increase from \$938 per month for ambulatory residents and \$979 per month for semiambulatory residents. (SB 1505; Chapter 769; § 25.25)

Added a new section to Chapter 108A, Article 2, of the General Statutes which addresses the recovery of Medicaid monies from estates of decedents by the State to bring it into conformity with the Omnibus Budget Reconciliation Act of 1993. Administration of the plan is lodged with the Department of Human Resources. New G.S. 108-70.55 **limits the amount the State can recover from decedents' estates to the amount of medical assistance made on behalf of the Medicaid recipient**. It also designates the Department as a fifth-class creditor for purposes of determining the priority of claims, although judgments of other fifth-class creditors docketed and in force before the Department seeks recovery shall be paid first. The Department of Human Resources is to adopt rules to implement this plan, including rules aimed at waiving total or partial recovery where it would be equitable to do so because of hardship. (SB 1505; Chapter 769)

Required that effective July 1, 1994, Medicaid should implement a **budget-neutral Diagnostic-Related Group reimbursement methodology for inpatient hospital services**. In addition, Medicaid should study the feasibility of implementing selective contracts for hospital inpatient services. Changed the reporting date from July 1, 1994, to October 1, 1994. Deleted the feasibility study portion of the provision. (HB 1605; Chapter 591; Section 8)

1995

The following changes to the statutes establishing regulations for **adult care home administrators** were made: (1) adds a definition of rest home administrator to the list of definitions for rest homes; and (2) amends G.S. 131D-2(b)(1) to provide that a new license shall not be issued for any rest home whose administrator was the administrator for any rest home that has had its license revoked and applies for one full year after revocation. (H 756, Ch. 280)

Domiciliary care home cost reporting requirements, minimum staff training requirements, client assessment, and case management were mandated as follows:

1. G.S. 131D-4.1 sets out the legislative intent to ensure the quality of life and services provided for residents of domiciliary care homes.

2. G.S. 131D-4.2 mandates that licensed domiciliary care facilities receiving State/county special assistance funds and/or Medicaid personal care funds submit cost reports.
3. G.S. 131D-4.3 provides for the Social Services Commission to adopt rules to implement Chapter 449 and rules to ensure that domiciliary care homes provide to their residents a minimum of the following:
 - (a) Client assessment and independent case management;
 - (b) A minimum of 75 hours of training for personal care aides performing heavy care tasks and a minimum of 20 hours of training for all personal care aides. At a minimum, training shall include:
 1. Personal care skills;
 2. Cognitive, behavioral, and social care;
 3. Basic restorative services; and
 4. Residents' rights. (S 864, Ch. 449)

Department of Human Resources to implement the results of a study which would do the following: (1) draw down federal **Medicaid funds to pay for existing service-personal care services**; (2) from the State and county funds freed up, allow for a **10% rate increase for adult care homes**; (3) hire **29 staff positions for DHR** to set up monitoring, rate setting and technical assistance services to adult care homes; (4) provide **mental health services** to certain adult care homes; and (5) establish **State and county matching ratios** for the nonfederal share of Medicaid. Additionally, the section caps the county nonfederal share at 15%. (HB 230, Sec. 2310, Ch. 507)

A second **Special Alzheimer's Unit** was funded to be placed in Wilson. This **Unit** shall serve only those clients who cannot be served by any similar private facility. (HB 230, Sec. 2311B, Ch. 507)

\$500,000 was appropriated each year of the biennium to the Division of Aging to **expand in-home and caregiver support services**. (HB 230, Sec. 2311D, Ch. 507)

Licensing and registration of **assisted living facilities** was established. The umbrella term for assisted living includes the current domiciliary homes (the name would change to adult care homes) and a new type of housing and services called "multi-unit assisted housing with services". The primary difference between adult care homes and multi-unit assisted housing with services (MIHS) is the level of capability of residents allowed to reside in each. Residents in MIHS do not require 24 hour supervision by housing management and must be able to arrange provision of needed personal care services through licensed home care agencies and be competent to understand and sign a lease agreement. Adult care homes (the old domiciliary home category) on the other hand must be able to provide 24 hour supervision and accommodate residents' scheduled and unscheduled personal care needs. There is a specific definition and listing of conditions of persons who cannot be cared for in adult care homes and who must be referred to a medical care facility. Regulation of the two types of assisted living is in line with the level of competency of residents and the services provided. Disclosure statements and registration is required in MIHS settings while licensure is required for adult care homes. (S 502, Ch. 535)

New criminal offenses were created in G.S. 14-32.3(a), (b), and (c) for the **abuse, neglect, or exploitation, by a caretaker of a disabled or elder adult** residing in any residential setting

other than a health care facility or residential care facility. Three separate criminal offenses are created with the following elements:

- (1) Abuse - Person with malice aforethought, knowingly and willfully assaults, fails to provide medical or hygienic care, or confines or restrains in a place or condition that is cruel or unsafe and results in mental or physical injury to a disabled or elder adult.
- (2) Neglect - Person wantonly, recklessly, or with gross negligence fails to provide medical or hygienic care, or confines or restrains in a place or condition that is unsafe and causes mental or physical injury to a disabled or elder adult.
- (3) Exploitation - Person knowingly, willfully and with intent to permanently deprive the owner makes false representations, abuses a fiduciary or trust position, or coerces, commands, or threatens a disabled or elder adult and such action results in the loss of possession and control of property or money. (S 127, Ch 246)

Provided for the **establishment of state veterans homes** under the authority and control of the Division of Veterans Affairs of the Department of Administration with the following provisions: (1) these homes would be exempt from certificate of need (2) the North Carolina Veteran's Trust Fund is established; (3) DVA is authorized to apply for and receive federal funds; (4) DVA is authorized to contract for operation of the homes; (5) a veteran must be the administrator for the program; (6) eligibility for admission is specified; (7) residents are required to pay the costs for residence; (8) annual reports are to be made to the Secretary of the Department of Administration; and (9) the North Carolina Veteran Trust Fund is added to the list in G.S. 147-69.2(a) that provides for how the State Treasurer is to invest special funds. (H 437, Ch. 346)

1996 Regular Session

Provided further financial supervision, rehabilitation, and liquidation procedures for **continuing care retirement centers**. It also provided that continuing care agreements are subordinate to the cost of administration in liquidation. (H 1193, Ch. 582)

Authorized the establishment and development of a **State long-term care policy** to include a balanced array of health, social, and supportive services that promote individual choice, dignity, and independence. The policy is to include home and community-based services and institutional care that are to be available to all elderly who need them but targeted primarily to the most frail, needy elderly

It also authorized the North Carolina Study Commission on Aging to appoint subcommittees as needed and specifically to appoint a Long-Term Care Subcommittee with some non-Commission membership. (S 126, Ch. 583)

Required all licensed nursing homes, adult care homes, and home care agencies to check the **State criminal history record of all individuals who apply to work in positions that do not require an occupational license**. Entities shall not employ persons who refuse to consent to the record checks. Information furnished by the record checks shall be used to determine applicants' suitability for employment. Chapter 606 listed a number of relevant offenses, both misdemeanors and felonies, that have a bearing on a person's fitness to be responsible for the safety and care for the aged and disabled. (S 1014, Ch. 606)

1996 Second Extra Session

Modification of the Continuation Budget and Expansion/Capital Improvements (H 53, Ch. 18): The following are relevant provisions for aging issues:

1. **Homestead Exemption** expanded property tax exemption on the permanent residence owned and occupied by a qualified owner from the first \$15,000 in appraised value to the first \$20,000 and increases the income eligibility for a qualified owner from \$11,000 to \$15,000. It directed the Secretary of Revenue to distribute to counties and cities, before May 31, 1998, 50% of the amount of tax that would have been levied on property exempted from the taxation pursuant to the homestead exemption. It also provided that the 1999 distribution will be the same amount as the 1998 distribution. [Part 15, Sec. 15.1(a)]: Section 15.1(a) of Part 15
2. **In-Home Aide Funds:** Beyond the \$500,000 appropriated for the 1995-96 fiscal year, this section appropriated \$5,500,000 to the Home and Community Care Block Grant. These funds are for home and community services for older adults who are not eligible for Medicaid and who are on the waiting list for these services. These funds are to be used only for direct services and service recipients shall pay for services based of their income. (Part 24, Sec 24.26)
3. **Adult Care Home Reimbursement Rate:** Effective July 1, 1996, the maximum monthly rate for State/County Special Assistance recipients shall be \$874 per month per resident. The previous rate established August 1, 1995 was \$844 per month per resident. The appropriation is for \$3,795,211. (Part 24, Sec. 24.26A)
4. **Fire Protection Revolving Loan Fund:** was established within the Housing Finance Agency an Adult Care Home, Group Home, and Nursing Home Fire Protection Fund. This \$1 million revolving fund will assist with the purchase and installation of fire protection systems in existing and new adult care homes, group homes, and nursing homes. Rules developed by the Housing Finance Agency in consultation with DHR shall include the following:
 - a. maximum loan amounts;
 - b. interest rates from 3% to 6% for a period not to exceed 20 years;
 - c. documentary verification of reasonable costs for the systems;
 - d. loan approval priority criteria that considers the frailty levels; and
 - e. acceleration of a loan when statutory fire protection requirements are not met. (Part 24, Sec. 24.26B)
5. **Grant-in-Aid for Alzheimer's:** \$100,000 appropriated to provide \$25,000 to each of the four Alzheimer's Chapters in the State.

Tax Refund to Federal Retirees: Provided federal retirees a refundable tax credit for State Income tax paid on their retirement benefits for tax years 1985-1988. This provision is effective for taxable years beginning on or after January 1, 1996. (H30, Ch. 19)

Resolutions

1977

- Res. 81: Urged Congress to plan and finance a White House Conference on Aging in 1980 or 1981
- Res. 86: Directed a Legislative Research Commission to study the problems of the aging

1978

- Res. 106: Resolved to continue LRC Study of the problems of the aging
- Res. 107: Directed DHR to appoint a Task Force to study Home Health and Homemaker Services

1979

- Res. 13: Endorsed In-Home Services as an alternative to Institutional Care and directed DHR to develop a comprehensive In-Home Care System
- Res. 68: Provided for continuation of LRC study on problems of the aging

1981

- Res. 58: Called upon Congress to make more funds available for Adult Day Care

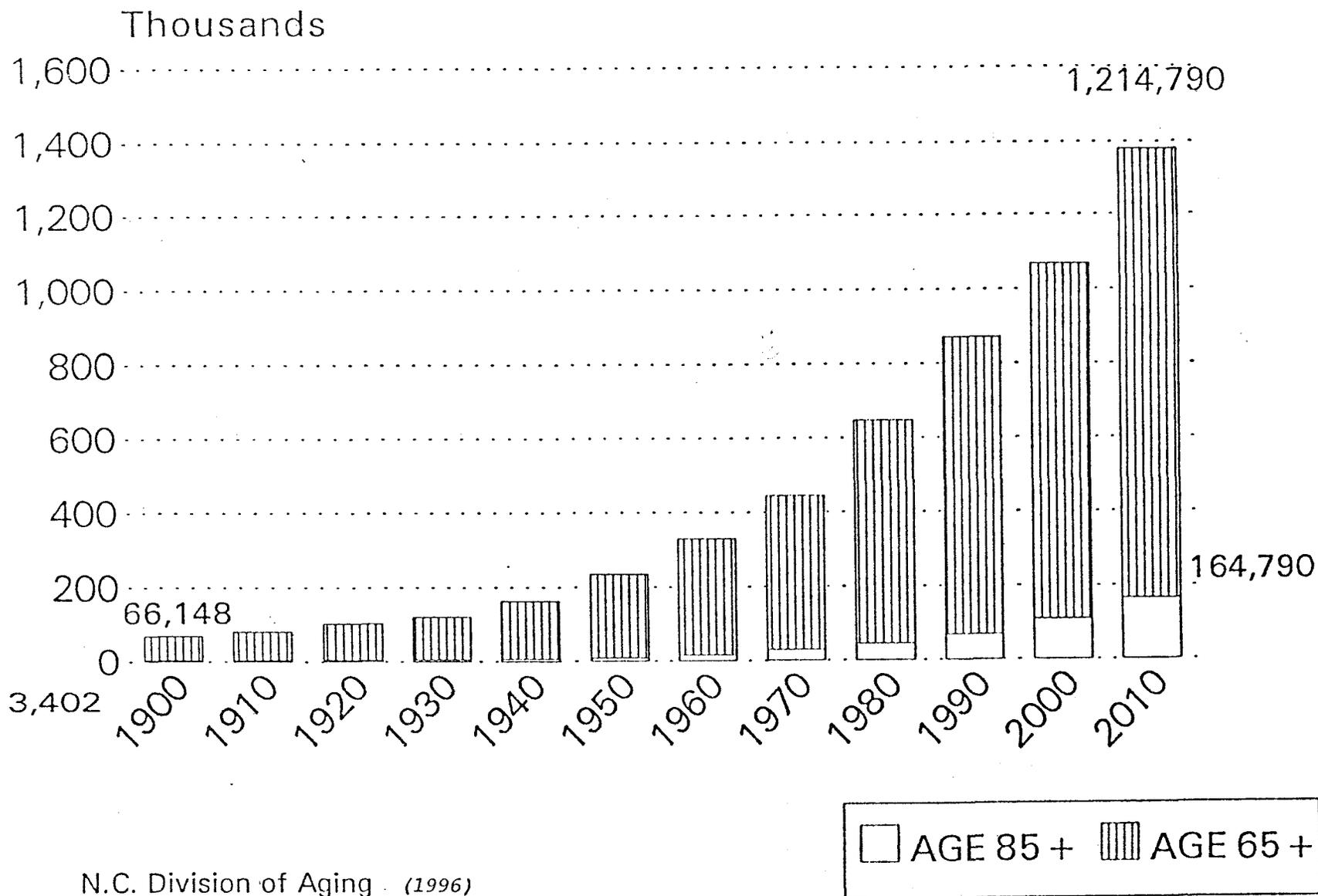
1983

- Res. 11: Requested the Governor to appoint representatives of the elderly to boards and committees
- Res. 44: Continued LRC study on problems of the aging

1985

- Res. 4: Designated the week of March 10 through 16 as "Employ the Older Worker Week" and honored the memory of people throughout history who accomplished great things late in life

ACTUAL AND PROJECTED POPULATION AGE 65 + NORTH CAROLINA 1900 - 2010

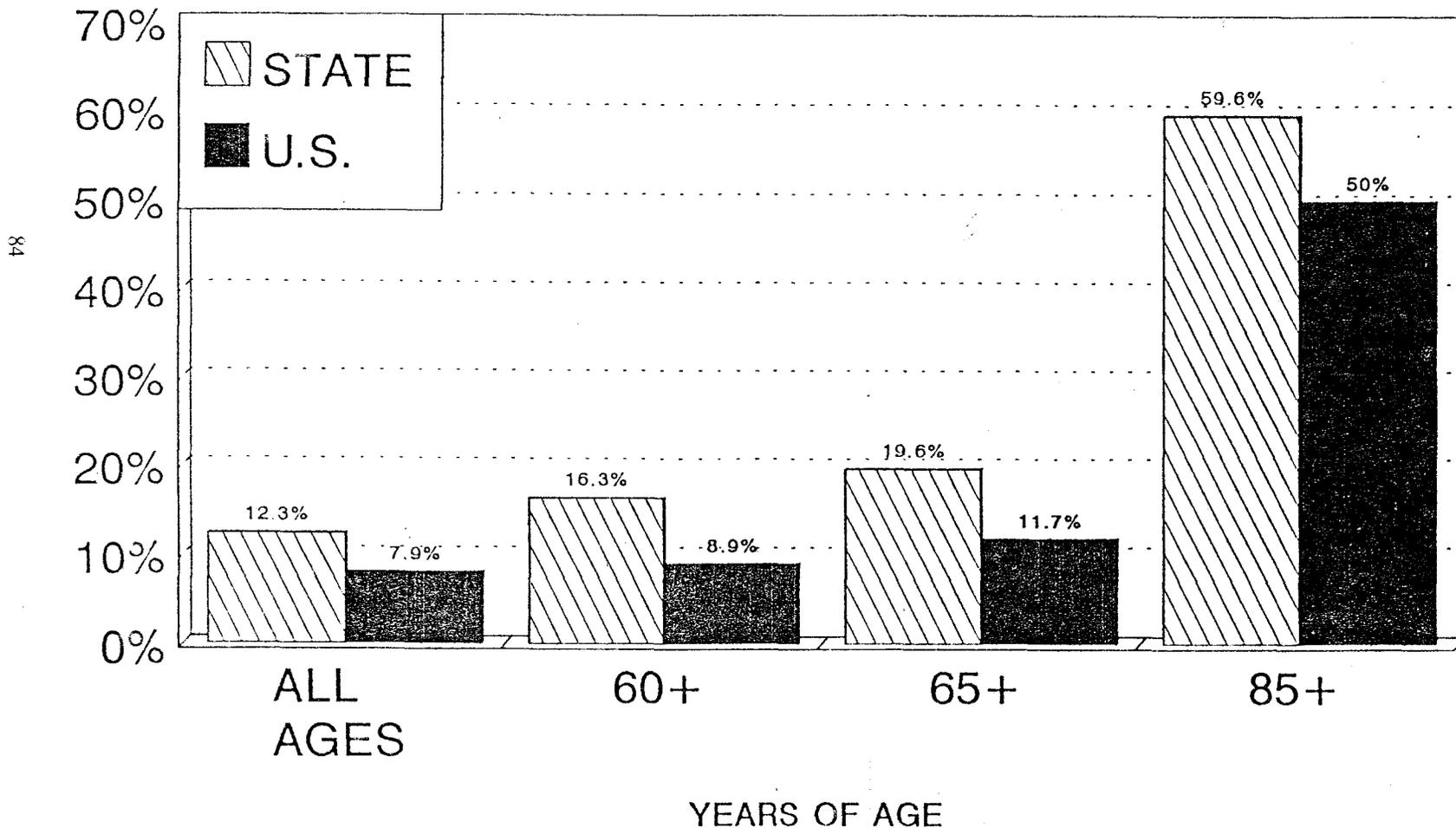


N.C. Division of Aging (1996)

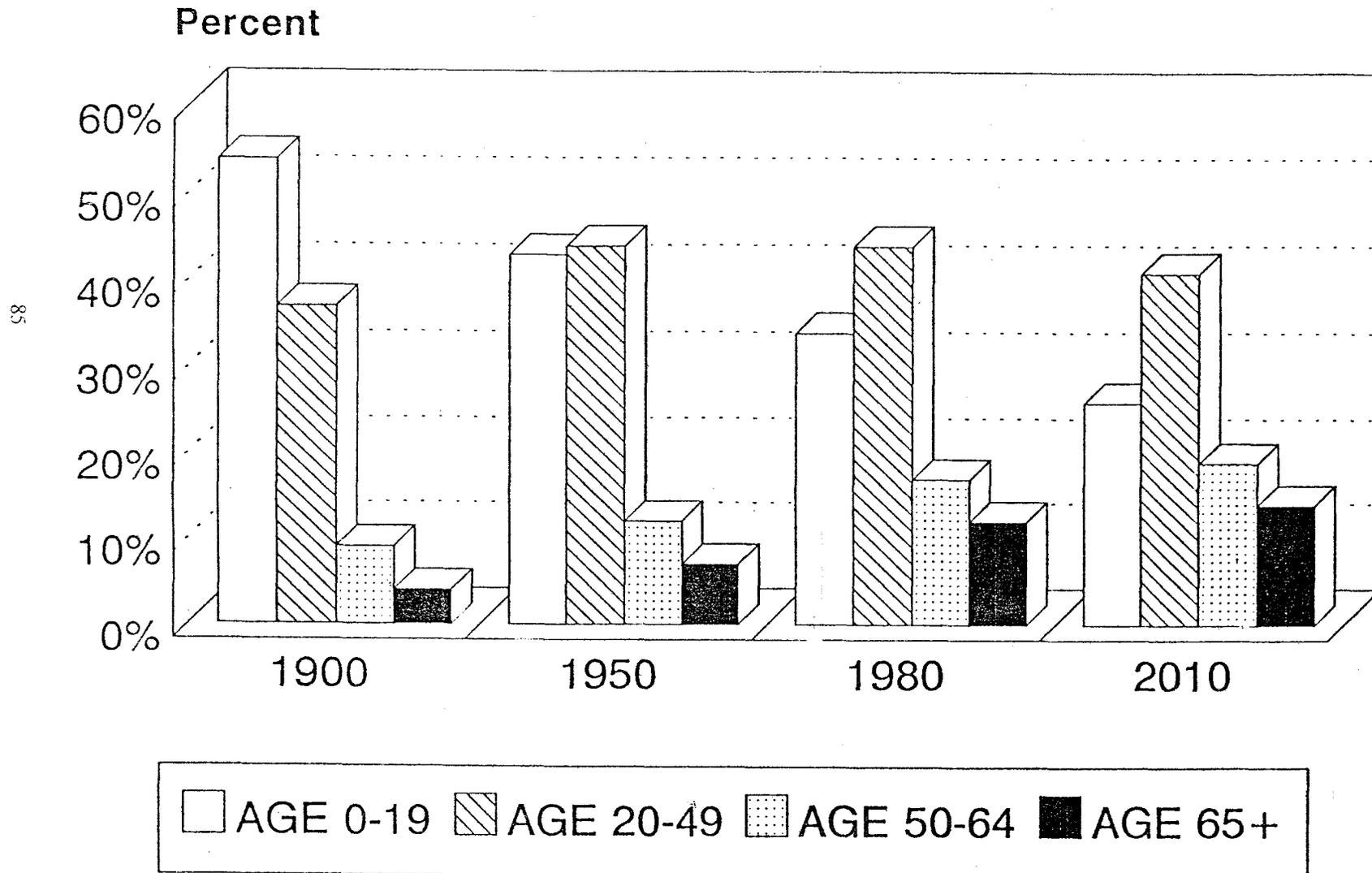
POPULATION GROWTH CHART

NORTH CAROLINA AND THE U.S.

% Change Projected During Decade 1990-2000



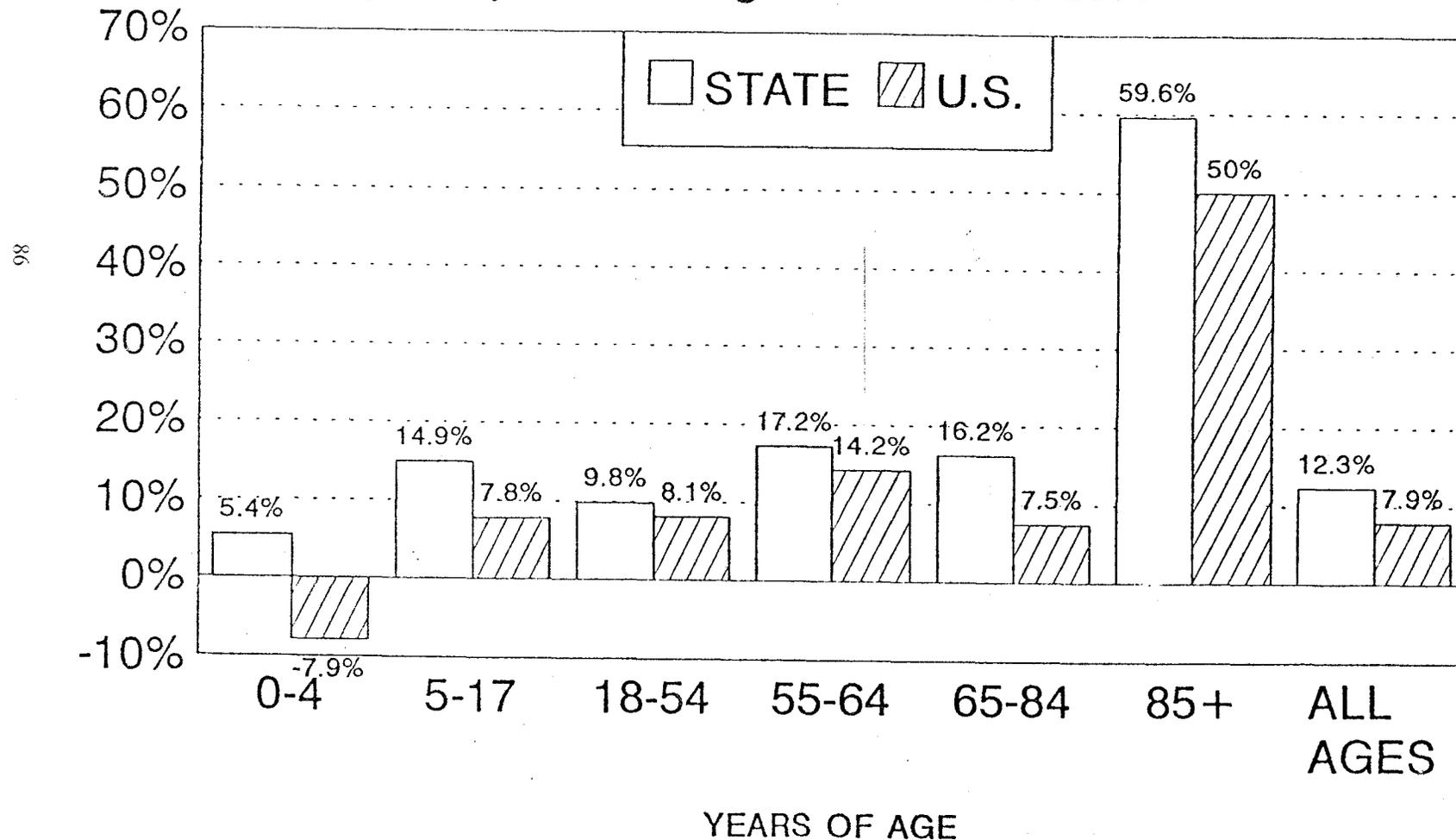
Age Distribution of the Population: NORTH CAROLINA 1900, 1950, 1980, 2010



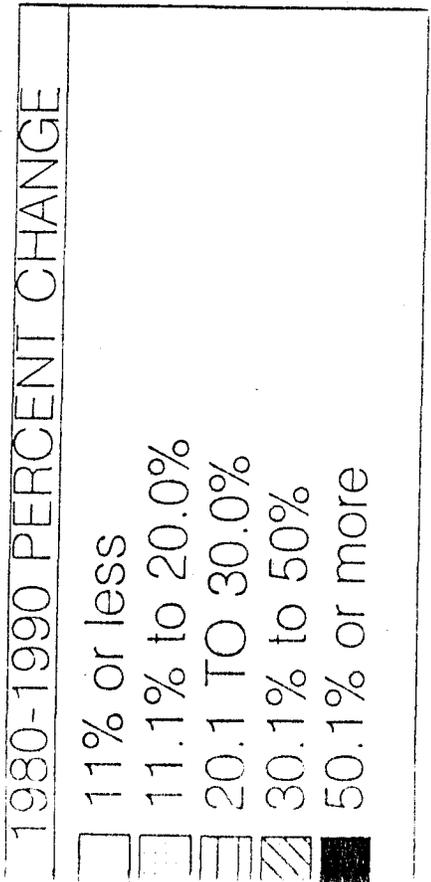
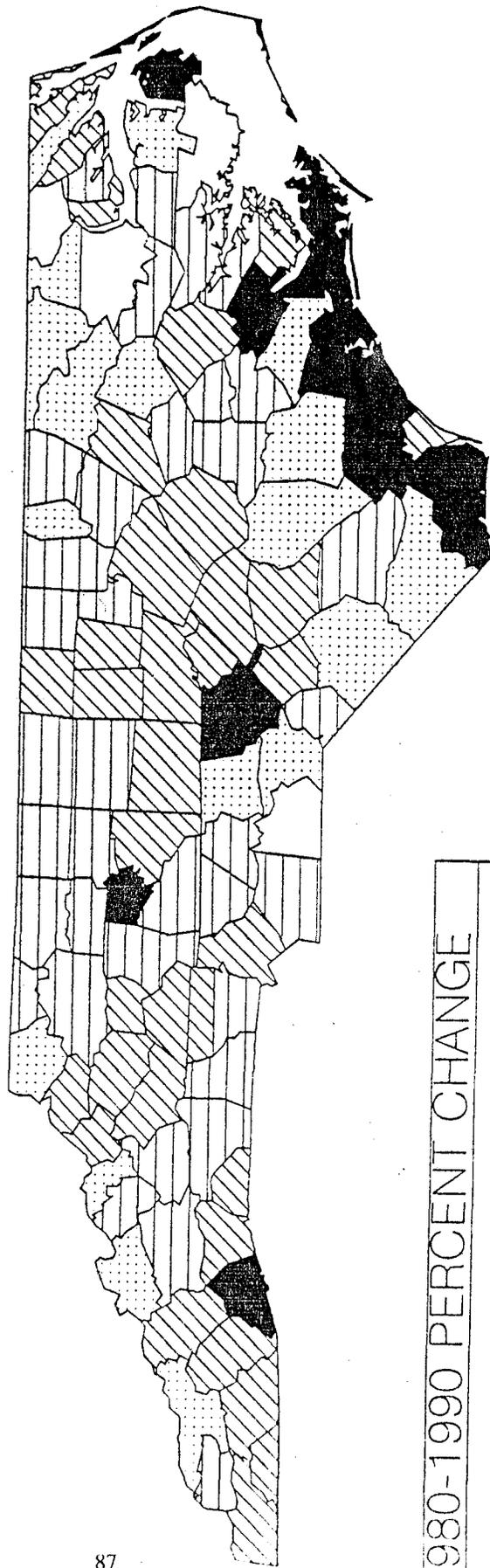
POPULATION GROWTH CHART

NORTH CAROLINA AND THE U.S.

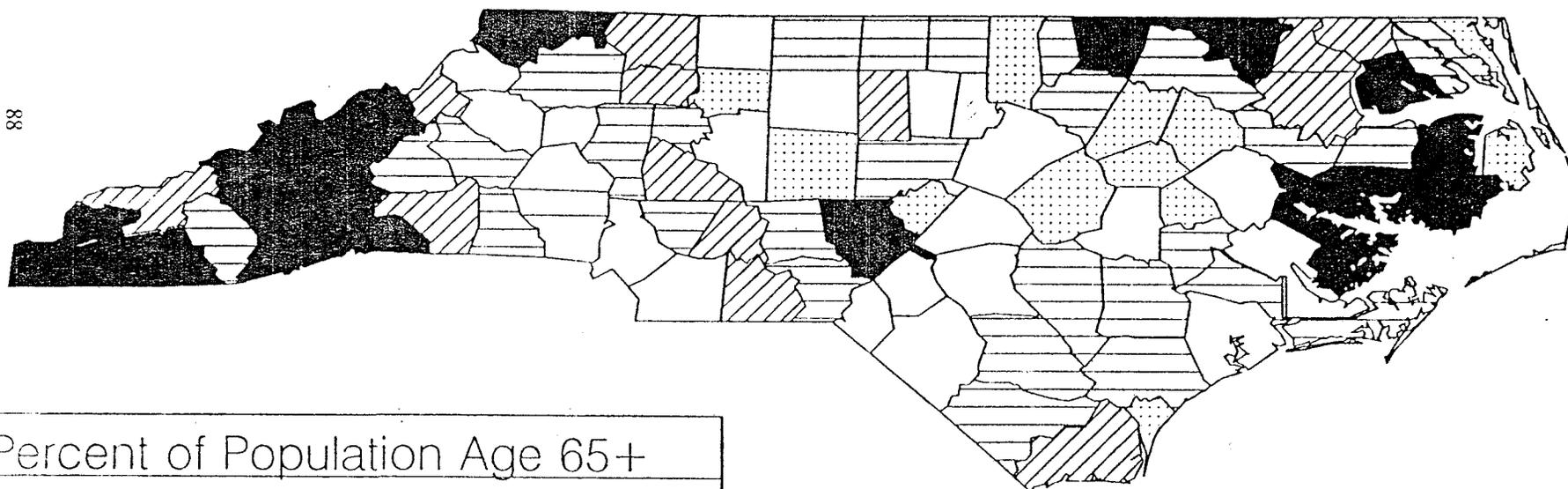
% Change Projected During Decade 1990-2000



PERCENT CHANGE IN THE POPULATION 1980-1990 NORTH CAROLINA AGE 65+



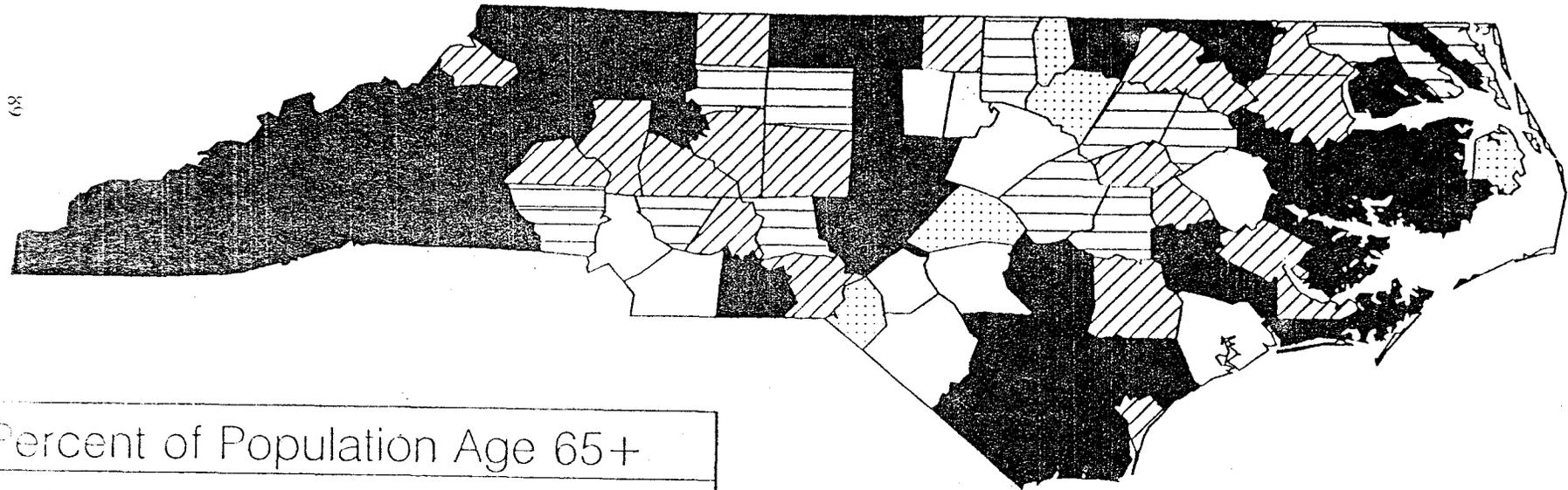
PERCENT OF THE POPULATION AGE 65+: NORTH CAROLINA, 1990



Percent of Population Age 65+

-  12% or less
-  12.1% to 13.0%
-  13.1% to 14.4%
-  14.5% to 15.9%
-  16.0% or more

PROJECTED PERCENT OF THE POPULATION AGE 65+: NORTH CAROLINA, 2010

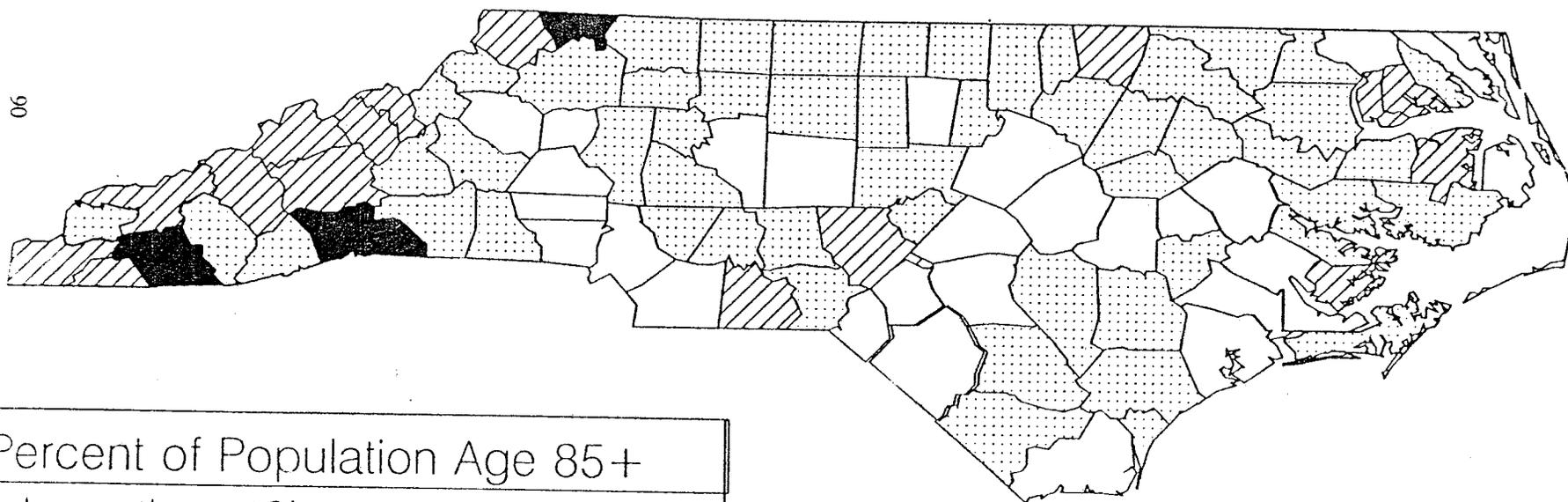


68

Percent of Population Age 65+

- 12.0% or less
- 12.1% to 13.0%
- 13.1% to 14.4%
- 14.5% to 15.9%
- 16.0% or more

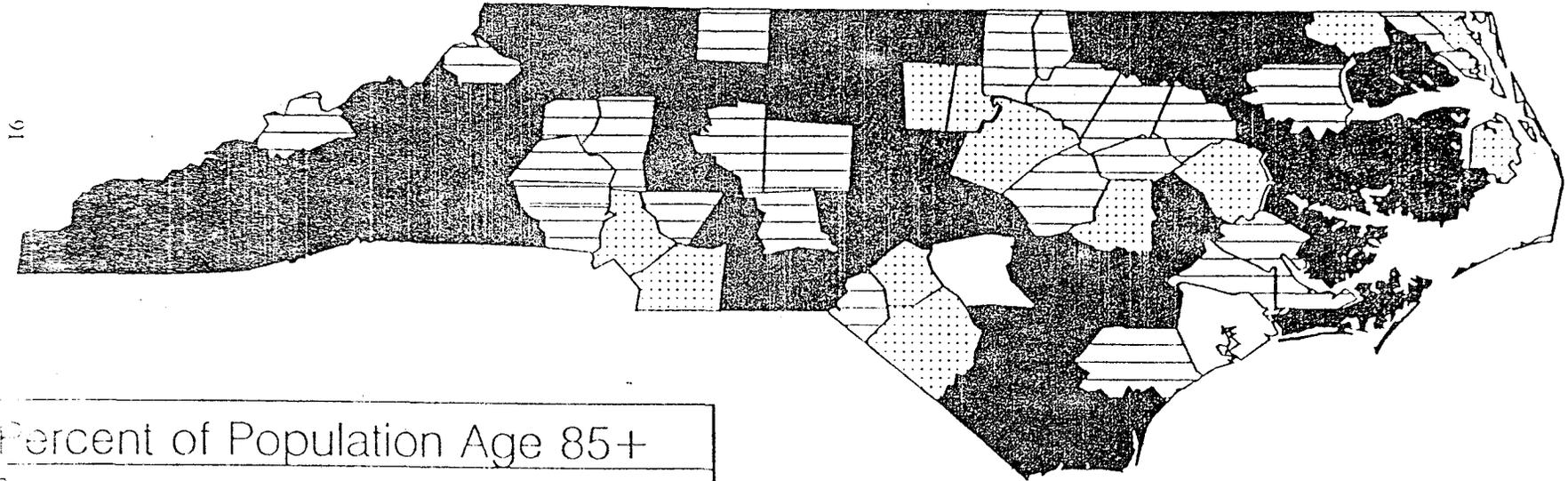
PERCENT OF THE POPULATION AGE 85+: NORTH CAROLINA, 1990



Percent of Population Age 85+

- Less than 1%
- 1% through 1.49%
- 1.5% through 1.99%
- 2.0% or more

PROJECTED PERCENT OF THE POPULATION AGE 85+: NORTH CAROLINA, 2010



16

Percent of Population Age 85+

- Less than 1%
- 1% through 1.49%
- 1.5% through 1.99%
- 2.0% or more

POPULATION GROWTH 65+ FROM 1980 TO 1990

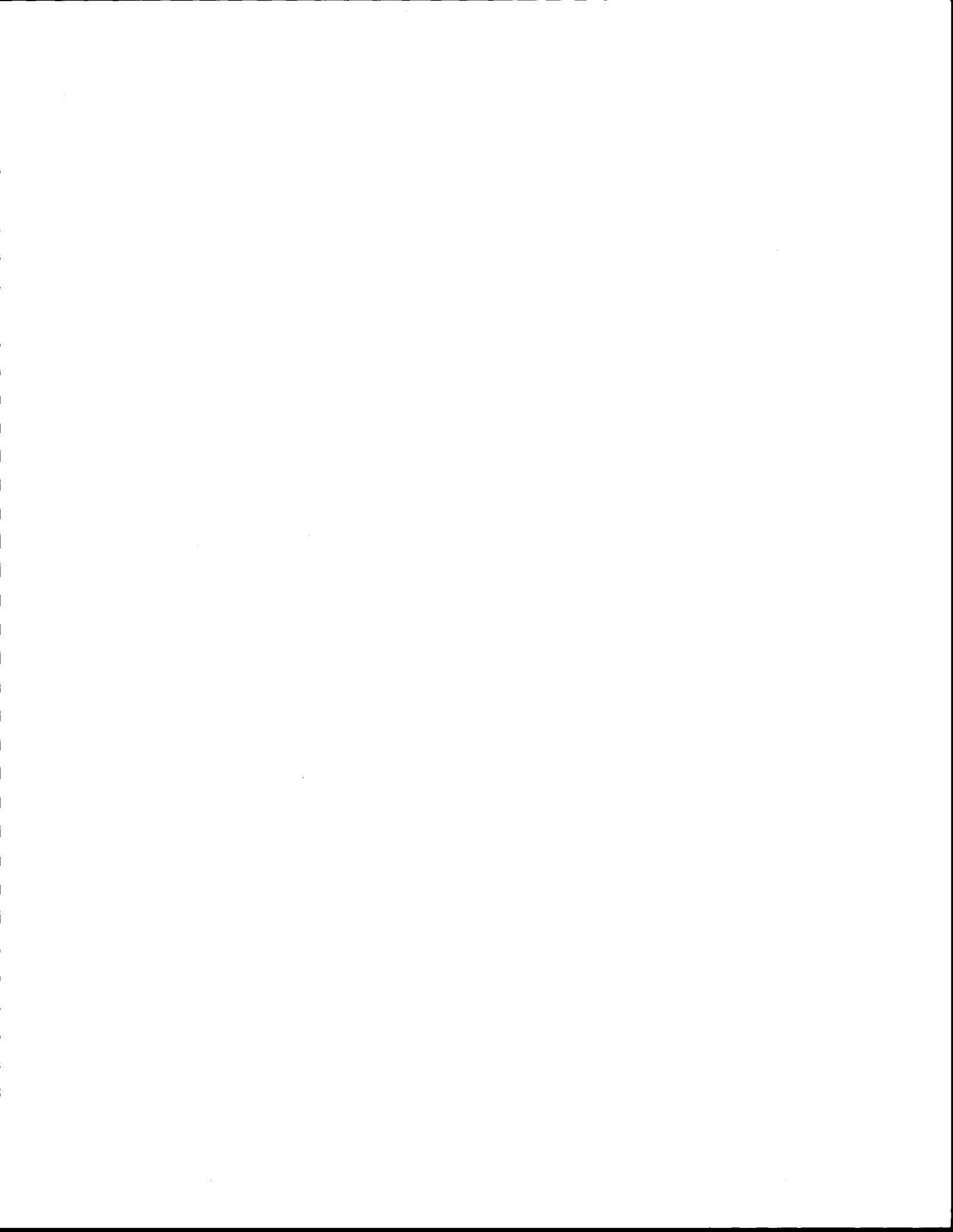
COUNTY	% GROWTH	COUNTY	% GROWTH
BRUNSWICK	93.8%	CABARRUS	28.6%
DARE	67.5%	UNION	28.1%
CRAVEN	67.3%	SCOTLAND	27.6%
MOORE	63.8%	WAYNE	27.6%
ONslow	60.6%	WILKES	27.5%
TRANSYLVANIA	59.9%	YADKIN	27.3%
CARTERET	57.0%	GASTON	27.2%
PENDER	54.0%	ROCKINGHAM	27.2%
DAVIE	51.2%	PERSON	27.0%
CUMBERLAND	48.5%	BUNCOMBE	27.0%
WAKE	48.4%	WASHINGTON	26.1%
LEE	48.2%	MCDOWELL	26.1%
CHATHAM	46.4%	PERQUIMANS	25.9%
HENDERSON	45.7%	CLEVELAND	25.8%
NEW HANOVER	44.4%	LENOIR	25.8%
LINCOLN	43.0%	STANLY	25.8%
MACON	42.1%	YANCEY	25.6%
RANDOLPH	41.9%	GRAHAM	25.5%
MECKLENBURG	40.5%	SURRY	24.2%
ORANGE	39.8%	GRANVILLE	23.8%
CATAWBA	39.4%	GREENE	23.5%
ALAMANCE	39.1%	ALLEGHANY	23.2%
CASWELL	38.8%	DURHAM	23.1%
DAVIDSON	38.0%	BLADEN	22.7%
PITT	37.0%	RUTHERFORD	22.3%
BURKE	36.3%	BEAUFORT	21.6%
AVERY	34.8%	FRANKLIN	21.6%
HAYWOOD	34.7%	MARTIN	21.1%
ALEXANDER	34.6%	RICHMOND	20.1%
NASH	33.9%	ROBESON	19.2%
CHEROKEE	33.7%	COLUMBUS	19.2%
JOHNSTON	33.6%	MONTGOMERY	19.0%
CALDWELL	33.6%	JONES	18.8%
CHOWAN	33.6%	CAMDEN	18.6%
CLAY	33.4%	MITCHELL	18.6%
PAMLICO	33.3%	EDGEcombe	17.7%
POLK	32.9%	HALIFAX	17.5%
PASQUOTANK	31.5%	ASHE	17.0%
CURRITUCK	31.1%	VANCE	16.9%
HARNETT	30.8%	NORTHAMPTON	16.8%
HOKE	30.6%	HERTFORD	16.6%
JACKSON	30.2%	MADISON	16.4%
WATAUGA	30.2%	DUPLIN	16.4%
FORSYTH	29.3%	SWAIN	15.7%
STOKES	29.1%	TYRRELL	14.9%
IREDELL	29.1%	SAMPSON	13.0%
WARREN	28.9%	GATES	10.8%
GUILFORD	28.8%	BERTIE	10.1%
ROWAN	28.7%	ANSON	9.4%
WILSON	28.7%	HYDE	1.2%
		N.C	32.7%

COUNTIES RANKED BY TOTAL POPULATION 65+ IN 1990

COUNTY	65+	COUNTY	65+
MECKLENBURG	47,547	LEE	5,374
GUILFORD	41,133	MACON	5,255
WAKE	33,056	MCDOWELL	5,134
FORSYTH	32,380	VANCE	5,039
BUNCOMBE	28,065	FRANKLIN	4,797
GASTON	20,931	GRANVILLE	4,740
DURHAM	19,352	TRANSYLVANIA	4,701
ROWAN	16,809	YADKIN	4,526
CUMBERLAND	16,664	PASQUOTANK	4,322
ALAMANCE	15,908	PERSON	4,257
DAVIDSON	15,160	STOKES	4,256
HENDERSON	15,087	PENDER	4,095
NEW HANOVER	15,075	BLADEN	4,067
CATAWBA	14,104	WATAUGA	3,938
CABARRUS	12,998	DAVIE	3,796
RANDOLPH	12,955	CHEROKEE	3,790
ROCKINGHAM	12,276	ASHE	3,782
IREDELL	12,210	SCOTLAND	3,741
MOORE	12,159	JACKSON	3,693
CLEVELAND	11,447	ANSON	3,643
ROBESON	11,168	MARTIN	3,610
WAYNE	10,665	POLK	3,540
PITT	10,584	NORTHAMPTON	3,471
JOHNSTON	10,237	HERTFORD	3,286
BURKE	9,802	MONTGOMERY	3,181
NASH	9,450	WARREN	3,086
SURRY	9,119	ALEXANDER	3,032
CRAVEN	9,117	BERTIE	2,971
RUTHERFORD	8,849	CASWELL	2,933
HAYWOOD	8,509	DARE	2,830
CALDWELL	8,508	MADISON	2,825
WILSON	8,325	YANCEY	2,648
UNION	8,094	MITCHELL	2,547
ORANGE	8,083	CHOWAN	2,380
HARNETT	7,898	AVERY	2,171
HALIFAX	7,885	HOKE	2,086
LENOIR	7,813	WASHINGTON	1,928
WILKES	7,792	PERQUIMANS	1,901
STANLY	7,544	PAMLICO	1,898
CARTERET	7,472	GREENE	1,891
BRUNSWICK	7,457	ALLEGHANY	1,771
EDGECOMBE	6,877	SWAIN	1,727
SAMPSON	6,747	CURRITUCK	1,708
ONslow	6,660	CLAY	1,459
COLUMBUS	6,619	GATES	1,350
BEAUFORT	6,294	JONES	1,347
RICHMOND	6,272	GRAHAM	1,152
LINCOLN	5,849	HYDE	897
CHATHAM	5,564	CAMDEN	822
DUPLIN	5,543	TYRRELL	686
		STATE TOTAL	800,192

POPULATION AGED 65+ AS PERCENTAGE OF TOTAL IN 1990			
COUNTY	POPULATION 65+	TOTAL POPULATION	PER CENT
POLK	3,540	14,416	24.56%
MACON	5,255	23,499	22.36%
HENDERSON	15,087	69,326	21.76%
MOORE	12,159	59,000	20.61%
CLAY	1,459	7,155	20.39%
CHEROKEE	3,790	20,170	18.79%
ALLEGHANY	1,771	9,590	18.47%
TRANSYLVANIA	4,701	25,520	18.42%
PERQUIMANS	1,901	10,447	18.20%
HAYWOOD	8,509	46,942	18.13%
WARREN	3,086	17,265	17.87%
TYRRELL	686	3,856	17.79%
MITCHELL	2,547	14,433	17.65%
CHOWAN	2,380	13,506	17.62%
YANCEY	2,648	15,419	17.17%
ASHE	3,782	22,209	17.03%
PAMLICO	1,898	11,368	16.70%
NORTHAMPTON	3,471	20,798	16.69%
MADISON	2,825	16,953	16.66%
HYDE	897	5,411	16.58%
BUNCOMBE	28,065	174,778	16.06%
GRAHAM	1,152	7,196	16.01%
RUTHERFORD	8,849	56,919	15.55%
ANSON	3,643	23,474	15.52%
SWAIN	1,727	11,268	15.33%
ROWAN	16,809	110,605	15.20%
BEAUFORT	6,294	42,283	14.89%
YADKIN	4,526	30,488	14.85%
SURRY	9,119	61,704	14.78%
ALAMANCE	15,908	108,213	14.70%
BRUNSWICK	7,457	50,985	14.63%
AVERY	2,171	14,867	14.60%
HERTFORD	3,286	22,523	14.59%
STANLY	7,544	51,765	14.57%
BERTIE	2,971	20,388	14.57%
GATES	1,350	9,305	14.51%
MARTIN	3,610	25,078	14.40%
MCDOWELL	5,134	35,681	14.39%
CHATHAM	5,564	38,759	14.36%
JONES	1,347	9,414	14.31%
SAMPSON	6,747	47,297	14.27%
ROCKINGHAM	12,276	86,064	14.26%
CARTERET	7,472	52,553	14.22%
HALIFAX	7,885	55,516	14.20%
PENDER	4,095	28,855	14.19%
BLADEN	4,067	28,663	14.19%
CASWELL	2,933	20,693	14.17%
PERSON	4,257	30,180	14.11%
RICHMOND	6,272	44,518	14.09%
CAMDEN	822	5,904	13.92%
DUPLIN	5,543	39,995	13.86%

POPULATION AGED 65+ AS PERCENTAGE OF TOTAL IN 1990			
COUNTY	POPULATION 65+	TOTAL POPULATION	PER CENT
PASQUOTANK	4,322	31,298	13.81%
WASHINGTON	1,928	13,997	13.77%
JACKSON	3,693	26,846	13.76%
LENOIR	7,813	57,274	13.64%
DAVIE	3,796	27,859	13.63%
MONTGOMERY	3,181	23,352	13.62%
CLEVELAND	11,447	84,713	13.51%
COLUMBUS	6,619	49,587	13.35%
FRANKLIN	4,797	36,414	13.17%
IREDELL	12,210	92,935	13.14%
CABARRUS	12,998	98,935	13.14%
WILKES	7,792	59,393	13.12%
LEE	5,374	41,370	12.99%
VANCE	5,039	38,892	12.96%
BURKE	9,802	75,740	12.94%
WILSON	8,325	66,061	12.60%
JOHNSTON	10,237	81,306	12.59%
NEW HANOVER	15,075	120,284	12.53%
DARE	2,830	22,746	12.44%
CURRITUCK	1,708	13,736	12.43%
GRANVILLE	4,740	38,341	12.36%
NASH	9,450	76,677	12.32%
GREENE	1,891	15,384	12.29%
FORSYTH	32,380	265,878	12.18%
RANDOLPH	12,955	106,546	12.16%
EDGECOMBE	6,877	56,692	12.13%
CALDWELL	8,508	70,709	12.03%
DAVIDSON	15,160	126,677	11.97%
GASTON	20,931	175,093	11.95%
CATAWBA	14,104	118,412	11.91%
GUILFORD	41,133	347,420	11.84%
HARNETT	7,898	67,833	11.64%
LINCOLN	5,849	50,319	11.62%
STOKES	4,256	37,223	11.43%
CRAVEN	9,117	81,613	11.17%
SCOTLAND	3,741	33,763	11.08%
ALEXANDER	3,032	27,544	11.01%
WATAUGA	3,938	36,952	10.66%
DURHAM	19,352	181,854	10.64%
ROBESON	11,168	105,170	10.62%
WAYNE	10,665	104,666	10.19%
PITT	10,584	108,480	9.76%
UNION	8,094	84,210	9.61%
MECKLENBURG	47,547	511,481	9.30%
HOKE	2,086	22,856	9.13%
ORANGE	8,083	93,851	8.61%
WAKE	33,056	426,301	7.75%
CUMBERLAND	16,664	274,713	6.07%
ONSLOW	6,660	149,838	4.44%
N.C.	800,192	6,632,448	12.06%



APPENDIX D

GLOSSARY OF AGING TERMS ¹

ACCESS SERVICES - Currently, one of three priority areas designated in the Older Americans Act to help meet the needs of older adults. Refers to such services as transportation, outreach and information and referred which help to facilitate "access" to existing supportive services.

ACTIVITIES OF DAILY LIVING - Basic self-care activities, including eating, bathing, dressing, transferring from bed to chair, bowel and bladder control, and independent ambulation, which are widely used as a basis for assessing individual functional status.

ADMINISTRATION ON AGING (AOA) - The principal agency in the federal government having responsibility to administer the provisions of the Older Americans Act. It advocates at the federal level for the needs, concerns and interests of older citizens throughout the nation.

ADULT DAY CARE - The daily and regular provision of a range of services, provided under the auspices of a health care facility or freestanding day care center, which may include health, medical, psychological, social, nutritional, and educational services that allow a person to function in the home.

ADULT CARE HOME - An assisted living residence in which the housing management provides 24 hour scheduled and unscheduled personal care services to two or more residents.

ADULT DAY HEALTH - Adult day health is a term that applies to programs that offer a variety of health and social services in a congregate setting to functional impaired adults. Specific services may vary among programs but include counseling, exercise, case management, health screening or monitoring, physical therapy, occupational therapy or speech therapy. Generally adult day health programs operate 5 days a week. Transportation may be provided to and from the program.

ADULT FOSTER CARE - A community living alternative, serving primarily the elderly in family-like settings and providing assistance with activities of daily living. Programs receive major financial support from State and local governments.

AGING NETWORK - A highly differentiated system of federal, State and local agencies, organizations and institutions which are responsible for serving and/or representing the needs of older people. The network is variously involved in service systems development, advocacy, planning, research, coordination, policy development, training and education, administration and direct service provision. The core structures in the network include the Administration on Aging (AoA), State Offices on Aging, Area Agencies on Aging (AAAs), and numerous service provider agencies.

¹ Resources: Division of Aging
National Conference of State Legislatures

AHOY - Add Health to Our Years (AHOY) is an exercise/physical fitness program for older adults that emphasizes safe and enjoyable movements that will improve an older adult's strength, endurance, and flexibility.

ALZHEIMER'S DISEASE - A progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It is estimated that approximately 50,000 people, primarily older adults, suffer from Alzheimer's in North Carolina.

AREA AGENCY ON AGING - Area Agencies on Aging (AAAs) plan, coordinate and advocate for the development of a comprehensive service delivery system to meet the needs of older people in a specific geographic area. The AAAs are the result of the 1973 amendments to the Older Americans Act and together with the federal level Administration on Aging, the State Offices on Aging, and local service provider agencies comprise the "aging network."

AREA AGENCY ADMINISTRATOR - The full-time director of the Area Agency on Aging.

AREA PLAN ON AGING - An area plan is the document submitted by an Area Agency to the State agency in order to receive subgrants from the State agency's grant under the Older Americans Act. The area plan contains provisions required by the law and commitments that the Area Agency will administer activities funded under the Act in accordance with all federal requirements. The area plan also contains a detailed statement of the manner in which the Area Agency is developing a comprehensive and coordinated system throughout the planning and service area for all services authorized under the Older Americans Act.

ASSISTED LIVING RESIDENCE - Any group housing and services program for two or more unrelated adults that makes available, at a minimum, one meal a day and housekeeping services and provides personal services and provides personal care services directly. There are three types regulated by the State, adult care homes, group homes for developmentally disabled adults and multiunit assisted housing with services.

BLOCK GRANT - An intergovernmental transfer of federal funds to states and local governments for broad purposes, such as health, education or community development in general. A block grant holds few requirements for how the money is to be spent, instead offering State and local discretion within general guidelines established by Congress and the executive branch. Annual program plans or applications are normally required.

CASE MANAGEMENT - An inter-agency, standardized process focusing on the coordination of a number of services needed by vulnerable clients. It includes an objective assessment of client needs; the development of an individualized care plan based on a needs assessment that is goal oriented and time limited; arrangement of services; and reassessment, including monitoring and follow-up.

CATEGORICALLY NEEDY - Aged, blind, or disabled individuals or families and children who are otherwise eligible for Medicaid and who meet financial eligibility requirements for Aid for Families with Dependent Children, Supplemental Security Income, or an additional State supplement.

CERTIFICATE OF NEED (CON) - A certificate issued by a government body to a health care provider who is proposing to construct, modify, or expand facilities, or to offer new or different

types of health services. CON is intended to prevent duplication of services and overbedding. The certificate signifies that the change has been approved.

CHISS (CONSUMER HOUSING INFORMATION SERVICE FOR SENIORS) - A program which the N. C. Division of Aging is working with the American Association of Retired Persons to implement in North Carolina that focuses on training volunteers to provide information and counseling on housing options for older adults.

CHORE - Choreworkers are trained paraprofessionals who provide a range of services necessary to enable a functionally impaired person to remain at home. Services may vary among programs and funding sources, but may include assistance with personal care and routine household tasks, such as cooking, cleaning and laundering. Chore workers receive professional supervision usually from a registered nurse, social worker or home economist.

COMMUNITY ALTERNATIVE PROGRAM - A Medicaid waiver program that provides community-based services to disabled adults, mentally retarded adults and children who meet the medical requirements for nursing home level care. CAP services may include traditional Medicaid home health services (nursing, physical therapy, home health aide, etc.) as well as services not generally available under Medicaid (home delivered meals, respite care, chore services, etc.).

COMMUNITY-BASED CARE - A term used to describe a wide range of non-institutional services, including supportive, health, and personal care, which help older people who need assistance maintain maximum, independent functioning in their own homes or a substitute environment of their choice. Normally, the community care network includes family, friends, religious institutions, public and private agencies, and others.

COMPREHENSIVE AND COORDINATED SERVICE SYSTEM - A system for providing all necessary supportive systems in a manner designed to: (1) facilitate accessibility to and utilization of all services provided within the geographic area served by such system, (2) develop and make the most efficient use of supportive services in meeting the needs of older individuals, and (3) use available resources efficiently and with a minimum of duplication.

CONGREGATE MEALS - Congregate meals refers to a nutrition program that provided meals in a group setting, 5 days a week, to older adults. These programs are often based in churches, schools, senior centers or community recreations centers. Opportunities for socialization or recreation are frequently provided along with meals.

CONTINUUM OF CARE - A comprehensive systems of long-term care services and support systems in the community, as well as in institutions. Continuum includes: (1) community services such as senior centers; (2) in-home care such as home delivered meals, homemaker services, home health services, shopping assistance, personal care, chore services, and friendly visiting; (3) community-based services such as adult day care; (4) noninstitutional housing arrangements such as congregate housing, shared housing, and board and care homes and (5) nursing homes.

COPAYMENT - A type of cost-sharing whereby insured or covered persons pay a specified flat amount per unit of service or unit of time, and the insurer or public agency pays the rest of the cost.

COUNCIL ON AGING - (Department on Aging or Office on Aging) - A private nonprofit organization or public agency that serves as a county focal point on aging and which traditionally provides supportive services to older adults.

DEDUCTIBLE - The amounts payable by the enrollee for covered services before Medicare or private health insurance makes reimbursements. The Medicare hospital insurance deductible applies to each new benefit period, is determined each year by using a formula specified by law, and approximates the current cost of a one-day inpatient hospital stay. The Medicare supplementary medical insurance deductible is currently fixed by law at the first \$60 of covered charges per calendar year.

DIAGNOSIS-RELATED GROUP - Commonly referred to as a DRG. A system of classifying patients that groups together patients with similar diagnoses who are expected to require similar levels of resource consumption. A DRG determines how much the federal government will pay a hospital for treating a Medicare patient under the Prospective Payment System established in 1983.

DISCHARGE PLANNING - A centralized, coordinated program developed by a hospital or nursing home to ensure that each patient has a planned program for needed continuing or follow-up care once they leave the health facility.

DOMICILIARY CARE - Room, board, and the provision of some assistance with daily living: grooming, bathing, eating, etc.

DOMICILIARY HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1981 North Carolina General Assembly and revised in 1983. In passing this legislation it was the intent of the General Assembly that each community in the State should take an active role in promoting the interest and well being of all residents of domiciliary homes.

FAMILY CARE HOME - A residential home that is licensed in North Carolina to provide care for 6 or less people. The building itself is like a normal house and is usually located in a regular neighborhood with other homes and families next door. The care provided includes: room and board, personal assistance, supervision, and meaningful activities provided in a family setting.

FISCAL YEAR - Refers to a 12-month accounting period. Accounting periods in states and sub-state jurisdictions do not necessarily conform to the federal government's. The fiscal year carries the date of the calendar year in which it ends. (Federal accounting period of 12 months is from October 1 to September 30. North Carolina accounting period is from July 1 to June 30.)

FOSTER GRANDPARENT PROGRAM - A program funded by ACTION, the federal agency that administers volunteer programs that enables persons 60 years of age or older to provide companionship and guidance to children of all ages with special needs.

FRIENDLY VISITOR - This is a program which provides volunteers who visit homebound or isolated adults on a regular basis, usually one a week. Friendly visitor programs may be sponsored by churches, civic clubs, or senior centers. Examples of friendly visitor activities

include conversation, reading, playing cards and board games, letter writing, social outings, or running small errands.

FUNCTIONALLY DISABLED - A person with a physical or mental impairment that limits the individual's capacity for independent living.

GATEKEEPER - An agency or process which monitors and controls formal and informal services provided to an individual or group.

GERIATRICIAN - A physician who specializes in the diagnosis and treatment of diseases of aging and the aged.

GRANNY FLATS (ALSO KNOWN AS ECHO HOUSING OR GRANNY COTTAGES) - Factory-built or prefabricated, self-contained, energy-efficient living units, usually placed on or nearby the property residence of a relative. The concept does not exclude adding on to an existing building. Structures can be either mobile or permanent. Personal care and other supportive services can be provided by a relative or by a nearby agency.

HOME DELIVERED MEALS - Home delivered meals is a nutrition program which utilizes a network of volunteers to deliver at least one hot nutritious meal per day (generally 5 days per week) to homebound adults. Special dietary needs can often be taken into consideration. These programs are typically organized through councils on aging or churches.

HOME FOR THE AGED & INFIRM - A facility licensed in North Carolina to provide care for 7 or more people who do not need nursing care but are no longer able to remain in their own homes because they need assistance in meeting their day-to-day basic needs.

HOME HEALTH AGENCY - A public or private organization that provides home health services supervised by a licensed health professional in the patient's home either directly or through arrangements with other organizations.

HOME HEALTH AIDE - A person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled persons with household chores, bathing, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides.

HOME HEALTH SERVICES - Services and items furnished to an individual by a home health agency, or by others under arrangements made by such an agency. The services are furnished under a plan established and periodically reviewed by a physician and supervised by a licensed nurse. The services are provided on a visiting basis in an individual's home and may include: part-time or intermittent skilled nursing care; physical, occupational, or speech therapy; medical social services; medical supplies and appliances (other than drugs and biologicals); personal care services.

HOMEMAKER SERVICES - Household services, such as shopping, cooking, and cleaning that can be part of a home care program. These services can be delivered in conjunction with home health care, as a separate service to those with functional limitations but who are otherwise healthy, or to replace or forestall the need for institutional care.

HOSPICE CARE - Care that addressed the physical, spiritual, emotional, psychological, social, financial, and legal needs of the dying patient and his family. Hospice care is provided by an interdisciplinary team of professional and volunteers in a variety of settings, both inpatient and at home, and includes bereavement care for the family.

INFORMATION AND REFERRAL SOURCE - A location where any public or private agency or organization (1) maintains current information with respect to the opportunities and services available to older persons and develops current lists of older individuals in need of services and opportunities, and (2) employs, where feasible, a specially trained staff to assess the needs and capacities of community services which are available, and to assist older persons to take advantage of them.

IN-HOME SERVICES - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of older persons. Refers to such services as home health aid, family respite services, visiting and telephone reassurance and chore maintenance which enable older persons to remain in their homes for as long as possible. They offer an alternative to premature institutionalization.

INTERMEDIATE CARE FACILITY (ICF) - A nursing home that provides a level of medical care which is less intensive than skilled nursing, while ensuring the daily availability of nursing services. Regular medical, nursing, social and rehabilitative services are provided, in addition to personal and residential care for patients not capable of full independent living.

MEDIGAP POLICY - A health insurance policy designed to supplement Medicare benefits.

MOBILITY - The capacity to negotiate one's physical surroundings or environment. Mobility is frequently assessed in terms of the extent of limitation (bedfast, housebound, ambulatory), and whether assistance is needed (a mechanical or assistive device and/or another human being).

MULTIUNIT ASSISTED HOUSING WITH SERVICES - An assisted living residence in which hands on personal care services and nursing services arranged by housing management are provided by a licensed home care or hospice agency, through an individualized written care plan.

NURSE AIDE - An unlicensed nursing staff member who assists professional nurses.

NURSING HOME - A nursing home is a health care facility licensed by the State to provide long term medical services according to the directives of a patient's physician and standards of quality set by the State and the facility. Nursing homes in North Carolina are staffed by professional personnel under the direction of a licensed nursing home administrator; they deliver a variety of medical and social services to their patients.

NURSING HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1977 North Carolina General Assembly and revised in 1987. In passing this legislation, it was the intent of the general Assembly that each community in the State should take a more active role in promoting the interest and well-being of persons residing in nursing homes. The N.C. Division of Aging, through a network of regional ombudsmen, provides the committees with training and gives professional assistance in the

performance of their duties. Each county in North Carolina that has a nursing home is now served by a Nursing Home Community Advisory Committee.

OLDER AMERICANS ACT OF 1965 - Federal legislation that is directed to improving the lives of America's elderly, particularly in relation to income, health, housing, employment, long-term care, retirement and community services.

OMBUDSMAN - A representative of a public agency or a private nonprofit organization who investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities.

PEER REVIEW - An evaluation by practicing physicians or other health professionals of the necessity, effectiveness and efficiency of services ordered or performed by other practicing physicians or members of the profession.

PERSONAL CARE - Services to assist individuals with activities of daily living, including bathing, grooming, and eating.

PREADMISSION SCREENING - An assessment process conducted prior to entry into a nursing home to determine a person's functional abilities, service needs, and service and living arrangement alternatives to institutional placement.

PRIORITY SERVICES - Designated by the Older Americans Act "to better meet the most crucial needs of the elderly." Categories currently include access, in-home and legal assistance.

PROPRIETARY - A for-profit, tax paying organization.

RESPIRE SERVICES - Services provided on a short term basis to a dependent individual whose usual caregiver is temporarily unavailable or in need of a break from caregiving. Respite care is provided in the person's own home or in an alternative residence.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) - A program funded by ACTION, the federal agency that administers volunteer programs, which provides opportunities for retired persons 60 and over to volunteer on a regular basis in a variety of settings through the community.

SENIOR CENTER - A community or neighborhood facility established for the organization and provision of a broad spectrum of supportive services, including health, social, nutritional, and educational services, and the provision of facilities for recreational activities for older individuals.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - An employment program which provides part-time subsidized employment and work experience in public and private nonprofit agencies for low-income persons 55 and over (funded by Title V of the Older Americans Act).

SENIOR COMPANION - A program funded by ACTION, the federal agency that administers volunteer programs, that enables persons 60 years of age or older to serve as companions to homebound older persons with special needs.

SENIOR GAMES - Senior Games in North Carolina is a network of quality health and recreational experiences for adults ages 55 and over. In addition to local Senior Games and a Senior Games State Finals, numerous year round health promotion and education programs are offered.

SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) - A program of the N.C. Department of Insurance which focuses on providing information to older adults about Medicare, Medicare supplement insurance and long term care insurance. Volunteer are trained across the State to provide counseling to older adults regarding insurance issues and to assist older persons in filing insurance claims.

SERVICE PROVIDER - Any entity that is awarded a sub-grant or contract to provide services at the local level.

SILVERSTRIDERS - A statewide walking program for people 55 years of age and older.

SKILLED NURSING FACILITY (SNF) - A nursing home which provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these Facilities are federally certified, which means they may participate in Medicare or Medicaid programs.

SPEND DOWN - Under the Medicaid program, spend-down refers to a method by which an individual establishes Medicaid eligibility by reducing gross income through incurring medical expenses until net income (after medical expenses) meets Medicaid financial requirements.

STATE OFFICE ON AGING - An agency of State government designated by the governor and State legislature as the focal point for all matters related to the needs of older persons within the State. Currently, there are 57 State Offices on Aging located in the 50 states, the District of Columbia, and the U.S. territories.

STATE PLAN ON AGING - A State Plan is the document submitted by a state in order to receive grants from its allotments under the Older Americans Act. It contains provisions required by the law with implementing regulations and commitments that the State agency will administer or supervise the administration of activities funded under the Older Americans Act in accordance with all Federal requirements. In North Carolina, the State Plan covers a two year period and it represents the work plan for the Division of Aging through the duration of that period.

SUPPLEMENTAL SECURITY INCOME - A federal program that pays monthly checks to people in need who are 65 years or older and to people in need at any age who are blind and disabled. The purpose of the program is to provide sufficient resources so that anyone who is 65 or blind or disabled can have a basic monthly income. Eligibility is based on income and assets.

TELEPHONE REASSURANCE - Daily or regularly scheduled telephone calls made by family, friends, or volunteers to check on those who are homebound.

APPENDIX E

PROGRAM CONTACTS DIRECTORY

AAA (AREA AGENCIES ON AGING) (Department of Human Resources)

Region A - Southwestern NC Planning & Economic Development Commission AAA - Bryson City

(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties)

(704) 488-9211

Region B - Land-of-Sky Regional Council AAA - Asheville

(Buncombe, Henderson, Madison, Transylvania Counties)

(704) 254-6622

Region C - Isothermal Planning & Economic Development Commission AAA - Rutherfordton

(Cleveland, McDowell, Polk, Rutherford Counties)

(704) 287-2281

Region D - Region D Council of Government AAA - Boone

(Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)

(704) 265-5434

Region E - Western Piedmont Council of Government AAA - Hickory

(Alexander, Burke, Caldwell, Catawba Counties)

(704) 322-9191

Region F - Centralina Council of Government AAA - Charlotte

(Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union Counties)

(704) 348-2711

Region G - Piedmont Triad Council of Government AAA - Greensboro

(Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham Counties)

(910) 294-4950

Region H - Pee Dee Council of Governments AAA - Rockingham

(Anson, Montgomery, Moore, Richmond Counties)

(910) 895-6306

Region I - Northwest Piedmont Council of Governments AAA - Winston-Salem

(Davie, Forsyth, Stokes, Surry, Yadkin Counties)

(910) 761-2111

Region J - Triangle J Council of Government AAA - Research Triangle Park
(Chatham, Durham, Johnston, Lee, Orange, Wake Counties)
(919) 558-9398

Region K - Kerr-Tar Regional Council of Governments AAA - Henderson
(Franklin, Granville, Person, Vance, Warren Counties)
(919) 492-8561

Region L - Region L Council of Government AAA - Rocky Mount
(Edgecombe, Halifax, Nash, Northampton, Wilson Counties)
(919) 446-0411

Region M - Mid-Carolina Council of Government AAA - Fayetteville
(Cumberland, Harnett, Sampson Counties)
(910) 323-4191

Region N - Lumber River Council of Governments AAA - Lumberton
(Bladen, Hoke, Robeson, Scotland Counties)
(910) 618-5533

Region O - Cape Fear Council of Governments AAA- Wilmington
(Brunswick, Columbus, New Hanover, Pender Counties)
(910) 395-4553

Region P - Neuse River Council of Governments - New Bern
(Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico, Wayne Counties)
(919) 638-3185

Region Q - Mid East Commission AAA - Washington
(Beaufort, Bertie, Hertford, Martin, Pitt Counties)
(919) 946-8043

Region R - Albemarle Commission AAA - Hertford
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell, Washington Counties)
(919) 426-5753

HEALTH PROMOTION DIVISION (Department of EHNR)

Dr. J. Dale Simmons, Division Director
Leslie Brown, Deputy Division Director
(919) 733-7081

(HEALTH PROMOTION DIVISION continued)

Asheville Regional Office - Buncombe, Burke, Caldwell, Cherokee, Clay, Graham-Swain, Haywood, Henderson, Jackson, Macon, Madison, Rutherford-Polk-McDowell, Toe River District (Yancey, Mitchell, Avery), Transylvania.

Regional Nursing Consultant
Elizabeth Enloe
(704) 685-7040

Fayetteville Regional Office - Anson, Bladen, Cumberland, Harnett, Hoke, Montgomery, Moore, Richmond, Robeson, Sampson, Scotland

Regional Nursing Consultant
Dianah Bradshaw
(910) 948-4644

Mooresville Regional Office - Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union.

Regional Nursing Consultant
Milly Cooper
(704) 663-1699

Raleigh Regional Office - Chatham, Durham, Edgecombe, Franklin, Granville-Vance, Halifax, Johnston, Lee, Nash, Northampton, Orange, Person, Wake, Warren, Wilson.

Regional Nursing Consultant
Carolyn Townsend
(919) 571-4700

Washington Regional Office - Beaufort, Bertie, Currituck, Dare, Greene, Hertford-Gates District, Hyde, Martin-Tyrell-Washington District, Pasquotank-Perquimans-Camden-Chowan District, Pitt.

Regional Nursing Consultant
Judy Wright
(919) 793-9595

Wilmington Regional Office - Brunswick, Carteret, Columbus, Craven, Duplin, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pender, Wayne.

Regional Nursing Consultant
Pat Vaughan
(910) 278-5893

Winston-Salem Regional Office - Alamance, Appalachian District (Alleghany, Ashe, Watauga), Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Wilkes, Yadkin.

Regional Nursing Consultant
Faye Hoffman
(919) 572-2831

ADULT HEALTH PROGRAM (Department of EHNR)

Beth P. Joyner
Program Coordinator
(919) 715-3339

AGING SERVICES CONSULTANT (Department of EHNR)

Betty Wiser
(919) 715-0122

AHEC PROGRAM (University of North Carolina)

Dr. Thomas Bacon, Director
(919) 966-2461

Area L AHEC
Dr. David M. Webb
(919) 972-6958

Greensboro AHEC
Dr. Donald D. Smith
(910) 574-8025

Charlotte AHEC
Dr. Harry Gallis,
(704) 355-3146

Mountain AHEC
Hettie Garland, M.P.H., RN
(704) 257-4405

Duke AHEC
Dr. Marvin Swartz,
(919) 684-5274

Northwest AHEC
Dr. James C. Leist
(910) 716-9780

Eastern AHEC
Dr. Susan Gustke
(919) 816-5221

Wake AHEC
Dr. Dana Copeland,
(919) 250-8548

Fayetteville AHEC
Dr. Gerald Strand
(910) 678-7220

Coastal AHEC
Dr. William McMillan
(910) 343-0161

ALZHEIMER'S (Department of Human Resources)

Division of Aging
Marian Sigmon
(919) 733-3983

Duke Family Support Program
Lisa Gwyther or Edna Ballard
1-800-672-4213 or (919) 660-7510

(ALZHEIMER'S continued)

Eastern NC Alzheimer's Association Chapter - Raleigh (Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Robeson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)

Alice Watkins

1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte (Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanly, Union Counties)

Victoria Lessa, Director

1-800-888-6671 or (704) 532-7390

Triad Alzheimer's Chapter - Winston-Salem (Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)

John Madigan, Director

1-800-228-9794 or (910) 722-0811

Western NC Alzheimer's Chapter - Asheville (Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)

David Sharrits, Director

1-800-522-2451 or (704) 254-7363

ARTHRITIS PROGRAM (Department of EHNR)

Beth P. Joyner, MPH

Program Coordinator

(919) 715-3339

BLIND, DIVISION OF SERVICES FOR THE (Department of Human Resources)

John DeLuca, Director

(919) 733-9822

All 100 County Departments of Social Services

BREAST AND CERVICAL CANCER CONTROL BRANCH (Department of EHNR)

Joseph Holliday, M.D., M.P.G., Branch Head

(919) 715-0125

CANCER CONTROL PROGRAM (Department of EHNR)

Phyllis Rochester, Program Manager
(919) 715-3369

CHRONIC DISEASE SECTION (Department of EHNR)

Peter M. Andersen, Section Chief
(919) 715-3102

COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF

Peggy Graham
Associate Director Continuing Education
(919) 733-7051, Ext. 432

Dr. James B. Dixon
Vice President for Academic and Student Services
(919) 733-7051, Ext. 413

Local College Level

Aging Education Coordinator
Allied Health Director

Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Bladen Community College
Lynn G. King
(910) 862-2164

Anson Community College
Dr. Donald P. Altieri
(704) 272-7635

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

**Asheville-Buncombe Technical
Community College**
Kenneth Ray Bailey
(704) 254-1921

Brunswick Community College
Dr. W. Michael Reaves
(910) 754-6900

Beaufort County Community College
Dr. U. Ronald Champion
(919) 946-6194

**Caldwell Community College and
Technical Institute**
Dr. Kenneth A. Boham
(704) 726-2200

(COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF continued)

Cape Fear Community College

Dr. Eric McKeithan
(910) 251-5100

Carteret Community College

Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College

Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College

Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College

Dr. Paul Anthony Zeiss
(704) 342-6566

Cleveland Community College

Dr. L. Steve Thornburg
(704) 484-4000

Coastal Carolina Community College

Dr. Ronald K. Lingle
(910) 455-1221

College of The Albemarle

Dr. Larry Donnithorne
(919) 335-0821

Craven Community College

Dr. Lewis S. Redd
(919) 638-4131

Davidson County Community College

Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College

Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College

Dr. Hartwell H. Fuller, Jr., Interim
(919) 823-5166

Fayetteville Technical Community College

Dr. Linwood W. Powell, Interim
(910) 678-8400

Forsyth Technical Community College

Dr. Desna L. Wallin
(919) 723-0371

Gaston College

Dr. Patricia A. Skinner
(704) 922-6200

Guilford Technical Community College

Dr. Donald W. Cameron
(910) 334-4822

Halifax Community College

Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College

Mr. Wayne Hawkins, Interim
(704) 627-2821

Isothermal Community College

Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College

Dr. Donald L. Reichard
(910) 296-1341

Johnston Community College

Dr. John Tart
(919) 934-3051

Lenoir Community College

Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College

Dr. Martin Nadelman
(919) 792-1521

Mayland Community College

Dr. Nathan L. Hodges
(704) 765-7351

(COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF continued)

McDowell Technical Community College

Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College

Dr. Douglas Eason
(704) 878-3200

Montgomery Community College

Dr. Theodore H. Gasper, Jr.
(910) 576-6222

Nash Community College

Dr. J. Reid Parrott, Jr.
(919) 443-4011

**North Carolina Center for
Applied Textile Technology
(Belmont)**

Dr. James Lemons
(704) 825-3737

Pamlico Community College

Dr. E. Douglas Kearney, Jr.
(919) 249-1851

Piedmont Community College

Dr. H. James Owen
(910) 599-1181

Pitt Community College

Dr. Charles E. Russell
(919) 355-4200

Randolph Community College

Dr. Larry K. Linker
(910) 629-1471

Richmond Community College

Joseph W. Grimsley
(910) 582-7000

Roanoke-Chowan Community College

Dr. Harold E. Mitchell
(919) 332-5921

Robeson Community College

Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College

Dr. Robert C. Keys
(910) 342-4261

Rowan-Cabarrus Community College

Dr. Richard L. Brownell
(704) 637-0760

Sampson Community College

Dr. Clifton W. Paderick
(910) 592-8081

Sandhills Community College

Dr. John R. Dempsey
(910) 692-6185

Southeastern Community College

Dr. Stephen C. Scott
(910) 642-7141

Southwestern Community College

Dr. Barry Russell
(704) 586-4091

Stanly Community College

Dr. Michael R. Taylor
(704) 982-0121

Surry Community College

Dr. James M. Reeves
(910) 386-8121

Tri-County Community College

Dr. Norman Oglesby, Acting President
(704) 837-6810

Vance-Granville Community College

Dr. Ben F. Currin
(919) 492-2061

Wake Technical Community College

Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College

Dr. G. Herman Porter
(919) 735-5151

(COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF continued)

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195

Wilkes Community College
Dr. Gordon G. Burns, Interim President.
(910) 667-7136

COMMUNITY HEALTH AND EDUCATION (Department of EHNR)

Mary Bobbitt-Cooke
Assistant Section Chief and Branch Head
(919) 715-0416

CONSUMER SERVICES DIVISION (Department of Insurance)

COMPLAINTS REGARDING MEDICARE SUPPLEMENT OR LONG-TERM CARE INSURANCE

(919) 733-2004
1-800-662-7777

CONTINUING CARE FACILITIES (Department of Insurance)

Bill Darden, Manager
(919) 733-5633 ext 247

DEAF AND HARD OF HEARING, DIVISION OF SERVICES FOR THE (Department of Human Resources)

Asheville Regional Resource Center

Voice (704) 251-6190
TTY (704) 251-6293
FAX (704) 251-6860
Voice (800) 681-7998
TTY (800) 681-8035

Charlotte Regional Resource Center

Voice (704) 367-0508
TTY (704) 367-0570
FAX (704) 367-0104
Voice (800) 835-5302
TTY (800) 835-5306

Greensboro Regional Resource Center

Voice & TTY (910) 621-2772
FAX (910) 621-2713
Voice & TTY (888) 467-3413

(DEAF & HARD OF HEARING, continued)

Morganton Regional Resource Center

Voice (704) 433-2958
TTY (704) 433-2960
FAX (704) 438-5582
Voice (800) 999-8915
TTY (800) 205-9920

Raleigh Regional Resource Center

Voice (919) 733-1144
TTY (919) 733-6715
FAX (919) 715-4312
Voice (800) 851-6099
TTY (800) 322-8861

Wilmington Regional Resource Center

Voice (910) 251-5702
TTY (910) 251-5767
FAX (910) 251-2677
Voice (800) 205-9915
TTY (800) 205-9916

Wilson Regional Resources Center

Voice (919) 243-3104
TTY (919) 243-1951
FAX (919) 243-7634
Voice (800) 999-6828
TTY (800) 205-9925

Dr. Frank Turk, Division Director

Voice (919) 733-5199
TTY (919) 733-5930
FAX (919) 715-4306

DISEASE PREVENTION (Department of EHNR)

Brenda M. Motsinger, Chief
(919) 715-0415

DIABETES CONTROL PROGRAM (Department of EHNR)

Marilyn Norman, Program Coordinator
(919) 715-3356

DIVISION OF AGING (Department of Human Resources)

Bonnie Cramer
(919) 733-3983

DOMICILIARY HOMES IN NORTH CAROLINA

John Syria, Director of Facility Services
(919) 733-2342

ECONOMIC OPPORTUNITY, OFFICE OF (Department of Human Resources)

Lawrence D. Wilson, Director
(919) 733-2818

**Alamance County Community Services
Action Agency, Inc.**

Ometta Corbett
(910) 229-7031

Blue Ridge Community Action, Inc.

(Alexander, Burke and Caldwell)
Kenneth L. Cox
(704) 438-6255

Blue Ridge Opportunity Commission

(Ashe, Alleghany, Wilkes)
Dare Stromer
(919) 667-7174

Carteret Community Action

(Carteret, Craven, Pamlico)
Leon Mann, Jr.
(919) 728-4528

Catawba County (Catawba)

Bobby Boyd
(704) 324-9940

Charlotte Area Fund, Inc.

Karen B. Browning
(704) 372-3010

Choanoke Area Development Assoc.

(Bertie, Halifax, Hertford, Northampton)
Sally Surface
(919) 539-4155

**Cumberland County Community Action,
Inc.**

Kenneth G. Smith
(919) 485-6131

**Davidson County Community Action,
Inc.**

Charles N. Holloway
(704) 249-0234

**DOP Consolidated Human Service
Agency, Inc.**

(Duplin, Onslow)
Sandra Sanchez
(910) 347-2151

Economic Improvement Council, Inc.

(Camden, Chowan, Currituck, Dare,
Gates, Hyde, Pasquotank, Perquimans,
Tyrrell, Washington)
Fentress T. Morris
(919) 482-4459

Experiment in Self-Reliance, Inc.

(Forsyth)
Robert C. Law
(910) 722-9400

Four-County Community Services

(Bladen, Hoke, Robeson, Columbus,
Pender, Scotland)
Richard Greene
(910) 277-3500

**(ECONOMIC OPPORTUNITY, OFFICE OF
continued)**

Four Square Community Action, Inc.
(Cherokee, Clay, Graham, Swain)
H. Tommy Moore
(704) 321-4475

**Franklin, Vance, Warren Opportunity,
Inc.**
(Franklin, Vance, Warren)
William S. Owens
(919) 492-0161

Gaston Community Action, Inc.
(Cleveland, Gaston, Lincoln, Stanly)
Joseph W. Dixon
(704) 866-8721

Greene Lamp, Inc. (Greene, Lenoir)
Ida Whitfield
(919) 747-8146

Guilford County Community Action, Inc.
(Guilford)
Earl Jones
(910) 274-4673

I Care, Inc.
(Iredell)
Paul B. Wilson
(704) 872-814

Johnston-Lee Community Action, Inc.
(Johnston, Lee)
Marie Watson
(919) 934-2145

Macon Program for Progress, Inc.
(Macon)
Mary Ann Sloan
(704) 524-4471

Martin County Community Action
(Beaufort, Martin, Pitt)
Haywood L. Harris
(919) 792-7111

Mountain Projects, Inc.
(Haywood, Jackson)
Bob Leatherwood
(704) 452-1447

**Nash-Edgecombe Economic
Development**
(Edgecombe, Nash)
A. J. Richardson
(919) 442-8081

New Hanover County Community Action
(New Hanover)
Edward L. Lacewell
(910) 762-7808

Operation Breakthrough, Inc. (Durham)
Hubert A. Carter
(919) 688-8111

**Opportunity Corporation of Madison-
Buncombe Counties, Inc**
Vicki Heidinger
(704) 252-2495

**Salisbury-Rowan Community Service
Council, Inc.** (Cabarrus, Rowan)
Andrew T. Harris
(704) 633-6633

**Sandhills Community Action Program,
Inc.**
(Anson, Montgomery, Moore, Richmond)
Nezzie Smith
(919) 947-5675

Union County Community Action, Inc.
(Union)
Jenny R. McGuirt
(704) 283-7583

Wake County Opportunities, Inc. (Wake)
Dorothy N. Allen
(919) 833-2885

(ECONOMIC OPPORTUNITY, OFFICE OF continued)

W.A.M.Y. Community Action, Inc.
(Avery, Mitchell, Watauga, Yancey)
Dr. Jerry Fee
(704) 264-2421

Wayne Action Group for Economic Solvency, Inc. (Wayne)
Bryan Sutton
(919) 734-1178

Western Carolina Community Action, Inc.
(Henderson, Transylvania)
John Leatherwood.
(704) 693-1711

Yadkin Valley Economic Development District, Inc.
(Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

EDUCATION RESOURCES RELATED TO AGING, (North Carolina Higher)

Appalachian State University
Dr. Edward Folt
(704) 262-6358
Dr. Lorin Baumhover
(704) 262-2201

Barber-Scotia College
Mr. Charles R. Cox
(704) 786-5171, Ext. 407

Barton College
Dr. Walter R. Parker, Jr.
(919) 237-3161

Belmont Abbey College
Ms. Joe Singleton
Peter Lodge
(704) 825-3711

Campbell University
Dr. Joyce White, Dept. of Social Work
(919) 893-4111, Ext. 6111
Dr. Joyce Mallet, School of Pharmacy
(919) 893-4111, Ext. 3300
or (919) 383-9225 (Durham)

Duke University
George Maddox, Ph.D
(919) 684-6118
Dr. Harvey J. Cohen
(919) 6684-3654

East Carolina University
Dr. Jim Mitchell, Director Gerontology
(919) 757-6768

Elizabeth City State University
Ms. Deborah Reddick
(919) 335-3330

Elon College
Dr. Howard Higgs
(919) 584-2347

Fayetteville State University
Dr. Pinapaka V.L.N. Murthy
(910) 486-1691
Mr. Willie Beasley
(910) 486-1226

Gardner-Webb College
Ms. Deborah Reddick
(919) 335-3330

High Point University
Ms. Mary Anne Busch
(910) 841-9224

Johnson C. Smith University
Dr. Ruth L. Greene
(704) 378-1052

(EDUCATIONAL RESOURCES continued)

Lees-McRae College

Mr. Odell Smith
(704) 328-1741

Mars Hill College

Dr. Ken Sanchagrin
(704) 699-8011

North Carolina Central University

Dr. Karen Smith
(919) 560-5006
(919) 560-5200

North Carolina State University

Dr. J. Conrad Glass, Jr.
(919) 515-3590

Shaw University

Dr. Joseph L. Richardson
(919) 755-4824

UNC-Asheville

Dr. William H. Haas, III
(704) 251-6426

UNC-Chapel Hill

School of Medicine
Dr. Mark E. Williams
(919) 966-5945

School of Nursing

Dr. Jo Ann Dalton
(919) 966-4269

School of Pharmacy

Dr. Charles C. Pulliam
(919) 962-0080

School of Dentistry

Dr. James D. Beck
(919) 966-2787

Sheps Center for Health Research

Dr. Gordon H. DeFriese
(919) 966-7100

School of Public Health

Dr. Jean Kincade Norburn
(919) 966-6299/7108

School of Social Work

Dr. Gary Nelson
(919) 962-1225

UNC-Charlotte

Dr. Dena Shenk
(704) 547-4349

UNC-Greensboro

Dr. Edward Powers
(910) 334-5980
Dr. Virginia Newbern
(910) 334-5010, Ext. 581

UNC- Pembroke

Dr. Stephen M. Marson
(910) 521-6211

UNC-Wilmington

Dr. Eleanor Maxwell
(910) 395-3435

Wake Forest University

Dr. Charles Longino
(910) 759-4666

Western Carolina University

Dr. Fred Hinson
(704) 227-7495
Dr. Paul Klaczyski
(704) 227-7361

Winston-Salem State University

Dr. Jerry Hickerson
(910) 750-2635

ELDERHOSTEL

Nancy E. Semones, Director, N.C. Elderhostel
(919) 962-1125 (UNC Chapel Hill Office)

EPILEPSY AND NEUROLOGICAL DISORDER PROGRAM (Department of EHNR)

John C. Griswold, Epilepsy Program Manager
(919) 715-3113

FACILITY SERVICES, DIVISION OF (Department of Human Resources)

Lynda D. McDaniel, Acting Director
(919) 733-2342

FOSTER GRANDPARENT PROGRAMS

Black Mountain Center (Asheville)
Doris Freeman, Director
(704) 669-3114

Wake County (Raleigh)
Sandra Carson, Director
(919) 831-6102

United Way of Cleveland Co., Inc.
(Shelby)
Clare Thurston, Director
(704) 482-4333

Mountain Projects, Inc. (Waynesville)
Patsy Dowling, Director
(704) 452-1447 Ext. 12

United Services for Older Adults
(Greensboro)
Amelia Ann Thomas, Director
(910) 373-4816

Western Carolina Center (Morganton)
Martha Warlick, Director
(704) 438-6591

Carteret Community ACTION, Inc.
(Morehead City)
Diane Williams, Director
(919) 726-5219

Department of Human Resources
(Kinston)
Joan Outlaw, Director
(919) 559-5347

**Wayne Action Group for Economic
Solvency** (Goldsboro)
June Monk, Director
(919) 734-1178

New River Mental Health Center
(Jefferson)
Wanda Brooks, Director
(910) 246-4898

GOVERNOR'S COUNCIL ON PHYSICAL FITNESS (Department of EHNR)

Shellie Pfohl, Executive Director
(919) 715-3829

HEALTH CARE SECTION (Department of EHNR)

Stephen G. Sherman, Section Chief
(919) 715-3111

HEALTH PROMOTION PROGRAM, STATEWIDE (Department of EHNR)

Beth P. Joyner, Program Coordinator
(919) 715-3339

HOME HEALTH SERVICES PROGRAM (Department of EHNR)

John C. Griswold, Home Health Program Manager
(919) 715-3113

HYPERTENSION PROGRAM (Department of EHNR)

Beth P. Joyner, Program Coordinator
(919) 715-3339

JOB TRAINING (Department of Commerce)

Joel New, Director of Employment and Training
(919) 733-6383

KIDNEY PROGRAM (Department of EHNR)

John Griswold, Kidney and Human Tissue Donation Program
(919) 715-3113

LEARNING RETIREMENT CENTERS

Duke Institute for Learning in Retirement (Durham)
Sarah Craven, Director
(919) 684-6259

Guilford College - Elderhostel (Greensboro)
Charlotte Weddle
(910) 316-2120

North Carolina State University (Raleigh)
Encore Program for Lifelong Enrichment
Dennis Jackson, Director
(919) 515-5782

University of North Carolina (Asheville)
NC Center for Creative Retirement
Ronald J. Manheimer, Ph.D.
(704) 251-6140

LONG-TERM CARE INSURANCE (Department of Insurance)

Theresa Shackelford
(919) 733-5060

LONG-TERM CARE INSURANCE, COMPLAINTS ABOUT (Department of Insurance)

(919) 733-2004
1-800-662-7777

MEDICAL ASSISTANCE, DIVISION OF (Department of Human Resources)

100 County Departments of Social Services
Barbara Matula, Director
(919) 733-2060

MEDICARE SUPPLEMENT INSURANCE (Department of Insurance)

Theresa Shackelford, Supervisor
(919) 733-5060

MEDICARE SUPPLEMENT, COMPLAINTS ABOUT INSURANCE COMPANY REGARDING
(Department of Insurance)

(919) 733-2004
1-800-662-7777

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE, DIVISION
OF (Department of Human Resources)

Michael S. Pedneau
(919) 733-7011

Alamance-Caswell Area Program
John V. Moon
(919) 222-6430

Albemarle Area Program
(Camden, Chowan, Currituck, Dare,
Pasquotank, Perquimans)
Charles R. Franklin Jr.
(919) 335-0431

Blue Ridge Area Program (Buncombe,
Madison, Mitchell, Yancey)
Lawrence E. Thompson III
(704) 258-3500

Catawba County Area Program
John Hardy
(704) 326-5900

Cleveland County Area Program
Dwight S. Brenneman
(704) 482-8941

Cumberland County Area Program
Thomas Miriello
(919) 323-0601

Davidson County Area Program
Dr. C. Randall Edwards
(919) 476-9900

Duplin-Sampson Area Program
Dr. Jack St. Clair (Interim)
(919) 296-1851

Durham County Area Program
Dr. Steven Ashby
(919) 560-7200

Edgecombe-Nash Area Program
Pat Adams
(919) 937-8141

Foothills Area Program (Alexander,
Burke, Caldwell, McDowell)
Kathleen Meriac
(704) 438-6230

Forsyth-Stokes Area Program
Ronald W. Morton
(919) 725-7777

Gaston-Lincoln Area Program
Karen Andrews (Interim)
(704) 867-2361

Guilford County Area Program
Billie Martin Pierce
(910) 373-4981

Halifax County Area Program
Lois T. Batton
(919) 537-6174

Johnston County Area Program
Dr. J. Daniel Searcy
(919) 989-5500

Lee-Harnett Area Program
Mansfield M. Elmore
(919) 774-6521

Lenoir County Area Program
June S. Cummings
(919) 527-7086

Mecklenburg County Area Program
Peter E. Safir
(704) 336-2023

Neuse Area Program (Carteret,
Craven, Jones, Pamlico)
Roy R. Wilson, Jr.
(919) 636-1510

(MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & SUBSTANCE ABUSE continued)

New River Area Program (Alleghany,
Ashe, Avery, Watauga, Wilkes)

Don Suggs
(704) 264-9007

Onslow County Area Program

Dan Jones
(910) 353-5118

Orange-Person-Chatham Area Program

Thomas J. Maynard
(919) 929-0471

Piedmont Area Program (Cabarrus,
Stanly, Union)

Robert C. Lorish
(704) 782-5505

Pitt County Area Program

Dr. Steve Creech
(919) 413-1600

Randolph County Area Program

Mazie Fleetwood
(919) 625-1113

Roanoke-Chowan Area Program

(Bertie, Gates, Hertford, Northampton)
Joseph T. Jenkins
(919) 332-4137

Rockingham County Area Program

Billy G. Witherspoon
(910) 342-8316

Rutherford-Polk Area Program

Tony Womack
(704) 287-6110

Sandhills Area Program (Anson,
Hoke, Moore, Montgomery, Richmond)

Michael Watson
(919) 673-9111

Smoky Mountain Area (Cherokee,
Clay, Graham, Haywood, Jackson,
Macon, Swain)

Hugh D. Moon
(704) 586-5501

Southeastern Area

(Brunswick, New Hanover, Pender)
Arthur Constantini
(919) 251-6440

Southeastern Regional Area

(Bladen, Columbus, Robeson, Scotland)
John S. Mckee III
(910) 738-5261

Surry-Yadkin Area Program

David Swann
(910) 789-5011

Tideland Area Program (Beaufort,
Hyde, Martin, Tyrrell, Washington)

Lynda K. Watkins
(919) 946-8061

Trend Area Program

(Henderson, Transylvania)
Ronald C. Metzger
(704) 692-7790

Tri-County Area Program

(Davie, Iredell, Rowan)
Robert Dirks
(704) 637-5045

**Vance-Warren-Granville-Franklin
Area Program**

J. Thomas McBride
(919) 492-4011

Wake County Area Program

Meg Houseworth (Interim)
(919) 856-5260

**(MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & SUBSTANCE ABUSE
continued)**

Wayne County Area Program

William Condron
(919) 731-1133

Wilson-Greene Area Program

John White
(919) 399-8021

NORTH CAROLINA HOUSING FINANCE AGENCY

A. Robert Kucab, Executive Director
North Carolina Housing Finance Agency
(919) 781-6115

NORTH CAROLINA COOPERATIVE EXTENSION SERVICE

Marilyn Corbin, Assistant Director, Family & Consumer Sciences
(919) 515-2781 FAX: (919) 515-3483

Wayne Matthews, Karen DeBord & Lucille Bearon, Human Development Specialist
(919) 515-2770

Janice H. Lloyd, Family Resource Management Specialist
(919) 515-2770 FAX: (919) 515-3483

NORTH CAROLINA LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED
(Department of Cultural Resources)

Francine Martin, Patron Services Librarian
(919) 733-4376

NURSING HOMES IN NORTH CAROLINA

Lynda D. McDaniel, Acting Director
(919) 733-2342

NUTRICIAN (Department of EHNR)
Arnette Cowan, Branch Head
(919) 715-3352

OLDER ADULT HEALTH PROGRAM (Department of EHNR)

Betty Wisner, Program Manager
(919) 715-0122

PARKS AND RECREATION, DIVISION OF (Department of EHNR)

**Individual Parks or
Central Office**

Phillip McKnelly, Director
(919) 715-8710

**Director Recreation Resources Service
NCSU**

(919) 515-7118

PHARMACIST (Department of EHNR)

Charles D. Reed, Pharmacist Consultant
(919) 715-3338

PREPARE PROGRAM (Office of State Personnel)

Lavonda Van Benthuisen, Director
(919) 733-8331
Vicki Mills, Staff Assistant
(919) 715-4276

RENAL DISEASE PREVENTION ACTIVITY (Department of EHNR)

Beth P. Joyner, Program Coordinator
(919) 715-3339

RSVP

**Corporation for National and
Community Services**
Washington, D.C.
1-800-424-8867

**Corporation for National Service
North Carolina Office**
Mr. Robert Winston
(919) 856-4731

Carteret Community Action, Inc.
Ellen Peirce
(919)-247-4366

Charlotte-Mecklenburg Senior Center
Chauna Wall
(704) 522-6222

**City of Raleigh, Department of
Human Resources**
Rebekah B. Ghazy
(919) 831-6295

**Cumberland Co. Coordinating Council
on Older Adults**
Blanche Hodul
(919) 485-4448

Durham Technical Institute
Helen Featherson
(919) 598-9314

**Harnett County Council
for Senior Citizens**
Nancy Wright
(919) 893-7578

Koinonia, Inc. (Lenoir)
Janice Barger
(704) 758-9315

Land-of-Sky Regional Council
Linda Mullis
(704) 254-8131

Moore County RSVP (Carthage)
Mary Nethercutt
(919) 947-6395

Mountain Project, Inc.
Jackie Haney
(704) 452-1447 Ext. 35

New Hanover Co. Department of Aging
Howard Brown
(919) 452-6400

**Northwest Piedmont COG
(Winston-Salem)**
Sheila Tippet
(919) 722-9346

RSVP of Orange County
Kathy Mangum
(919) 968-2054

**Southeastern Community College
(Whiteville)**
Sharon Jarvis
(919) 642-6274

**United Services for Older Adults
(Greensboro)**
Aimee Baucom-Rotruck
(919) 373-4816

**Wayne Action Group for Economic
Solvency**
Mary Best
(919) 734-1178

**Yadkin Valley Economic Development
District**
Dianne Watson
(919) 367-7251

SENIOR COMPANION PROGRAMS

Wayne Action Group for Economic Solvency

Yvette Brown
(919) 734-1178

United Senior Services, Inc.

(New Bern)
Gail Anderson
(919) 637-1700, Ext. 27

New River Mental Health Center (Jefferson)

Debbie Wellborn
(919) 246-4898

Land-of-Sky Regional Council

(Asheville)
Linda Mullis
(704) 254-8131

Mountain Projects, Inc. (Waynesville)

Patsy Dowling
(704) 452-1447

SENIOR GAMES

Margot Raynor, Director,
NCSG, Inc.
(919) 851-5456

Cleveland County

Tracy Davis
(704) 482-3488

Haywood County

Lisa Summey
(704) 452-2370

Alamance-Burlington

Betsy Chandler
(910) 222-5030

Davie County

Mocksville-Cooleemee
Kathleen Streit
(704) 634-2325

High Country - Boone

Debra Wynne
(704) 264-9512

Asheville-Buncombe

Bekky Thompson
(704) 252-6021

Down East - Tarboro

Lynda Womble
(919) 641-4263

Johnston County

Larry Bailey
(919) 553-1550

Blue Ridge - Wilkesboro

Gwenda Wagoner
(910) 651-8683

Durham

(919) 560-4613

Land of Waterfalls Brevard

Chris Parker
(704) 884-3156

Brunswick County

Tina Pritchard
(910) 253-4357

Four Seasons - Hendersonville

Sandi Hosey
(704) 697-4884

Lee County

Mary Owens
(919) 775-2107

Cabarrus County

Mike Murphy
(704) 788-6150

Greater Greensboro

Cindy Hipp
(910) 373-2958

Lumber River Regional

Millicent Strickland
(910) 618-5533

Carteret County

Deborah Pasteur
(919) 728-8401

Greater High Point

Joyce Chambliss
(910) 883-3584

Macon County

Franklin
Guy Taylor
(704) 524-6421

Charlotte-Mecklenburg

Penny Hess
(704) 875-3211

Greenville-Pitt

Alice Keene
(919) 830-4216

(SENIOR GAMES continued)

Madison County

Marion Wallen
(704) 649-2722

McDowell County

Ralphia Newell
(704) 652-8953

Mid-Carolina - Pope AFB

Mary Ann Dolister
(919) 323-4191

Onslow

Mike Wetzel
(919) 347-5332

Orange County

Lisa Baaske
(919) 968-2784

Outer Banks - Kill Devil Hills

Lois Twyne
(919) 441-1181

Piedmont Plus - Winston-Salem

Edith Bailey
(910) 727-2505

Raleigh-Wake

Steve White
(919) 831-6850

Randolph County

Foster Hughes
(910) 626-1240

Region K - Roxboro

Dee Kirk
(910) 599-7484

Region P - New Bern

Chuck Barnard
(919) 444-6429

Region R

Elizabeth City
Lee Riddick
(919) 426-5753

Rutherford County

Forest City
Dianna Brooks
(704) 245-0515

Salisbury/Rowan

Merry Dobson
(704) 636-3120

Scotland County

Kathy Mitchell
(919) 277-2585

Senior Games in the Pines

Southern Pines
Pam Smith
(704) 692-7376

Senior Games of Richmond County

Hamlet-Rockingham
Susan Sellers
(910) 582-7985

Senior Games by the Sea

Wilmington
Annette Crumpton
(910) 452-6400

Smoky Mountain - Sylva

Kathy Leigh-Lofquist
(704) 586-6333

Stanly County

Albemarle
Jody Floyd
(704) 983-7334

Statesville

Betty Millsaps
(704) 878-3433

Swain County

Bryson City
Steve Claxton
(704) 488-6159

Thomasville-Davidson-Lexington

Thessia Everhart
(704) 242-2290

Unifour - Hickory

Harold Bebber
(704) 322-9191

Union County

Tonya Edwards
(704) 843-3919

Wayne County

Stacia Fields
(919) 734-9397

Yadkin County

Camilla Doub
(910) 679-2567

SHIIP (Department of Insurance)

Carla Suitt, Deputy Commissioner
Outside NC - (919) 733-0111
Inside NC - 1-800-443-9354

SOCIAL SERVICES, DIVISION OF (Department of Human Resources)

Kevin FitzGerald, Director
(919) 733-3055

All 100 County Departments of Social Services

TRANSPORTATION (DHR's Division on Aging and Department of Transportation)

Area Agencies on Aging

VOCATIONAL REHABILITATION, DIVISION OF (Department of Human Resources)

Bob H. Philbeck, Director
(919) 733-3364